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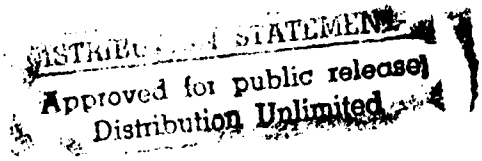

GAO/HRD-93-66

Preface

This issue of Health Reports is a list of health products, including reports and testimonies, issued by the General Accounting Office (GAO) over the past 5 years. Organized chronologically, the entries provide a title, report number, and issue date for each GAO health product. Reports and testimonies on the same topic may be combined into a single entry.

The first section—Recent GAO Products—summarizes reports and testimonies on selected health issues published from January through December 1992. The summaries are followed by a list of additional products published during the same period. The remainder of Health Reports is a list of health products published from January 1988 through December 1992 organized by subject areas as shown in the table of contents. As appropriate, entries have been cross-indexed and are included in more than one subject area. An order form to be placed on our mailing for Health Reports and an order form to request GAO products appear at the end of this document.

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Appendixes

Abbreviations

ADMS	Alcohol, Drug Abuse and Mental Health Services
ADP	automatic data processing
AIDS	acquired immunodeficiency syndrome
CDC	Centers for Disease Control
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CPI	Consumer Price Index
DOD	Department of Defense
ERISA	Employee Retirement Income Security Act of 1974
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
GAO	General Accounting Office
HCFA	Health Care Financing Administration
HHS	Department of Health and Human Services
HIV	human immunodeficiency virus
HMO	health maintenance organization
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MRI	Magnetic Resonance Imaging
MSP	Medicare secondary payer
NAIC	National Association of Insurance Commissioners
NIH	National Institutes of Health
NMDP	National Marrow Donor Program
OSHA	Occupational Safety and Health Administration
PRO	peer review organization
RBRVS	Resource-Based Relative Value Scale
USDA	United States Department of Agriculture
VA	Department of Veterans Affairs
WIC	Special Supplemental Food Program for Women, Infants, and Children

Recent GAO Products (Jan. - Dec. 1992)

Summaries of Selected Reports

Bone Marrow Transplants: National Program Has Greatly Increased Pool of Potential Donors (Report, Nov. 4, 1992, GAO/HRD-93-11).

Between December 1989 and April 1992, the larger and more racially and ethnically diverse pool of donors on the National Marrow Donor Program (NMDP) Registry helped improve the odds of finding a matching donor for patients who have rarer tissue types. New donors are usually only partially typed, because only a small portion of donors are ever contacted for full-typing. During the process of fully typing donors, which can take several months, patients may deteriorate and die or develop major complications. The patients' costs of searching for potential donors are mostly covered by private or public insurance. NMDP is participating in research conducted by NIH and others on key issues affecting transplants using unrelated donors. NMDP is beginning to incorporate preliminary research findings in its program.

Women's Health: FDA Needs to Ensure More Study of Gender Differences in Prescription Drug Testing (Report, Oct. 29, 1992, GAO/HRD-93-17).

Although FDA guidance to drug manufacturers recommends that they test new drugs on representative patient populations, FDA does not define "representative." Women were included in clinical trials for all the drugs in our survey but were generally underrepresented in those trials. There were, however, enough women to detect gender-related differences in response for most drugs in our survey. Often drug manufacturers do not analyze trial data to determine if women's responses to a drug differed from those of men.

Prescription Drugs: Companies Typically Charge More in the United States Than in Canada (Report, Sept. 30, 1992, GAO/HRD-92-110).

Manufacturers' prices to wholesalers for identical prescription drugs are typically higher in the United States than in Canada. The price differences are largely attributable to actions taken by Canada's federal and provincial governments to restrain drug prices, not to any differences in manufacturers' costs in the two countries. The implications of adopting Canadian regulations in the United States are in dispute. It is not clear how such regulations would affect manufacturers' ability to develop innovative drug products.

Long-Term Care Insurance Partnerships (Letter, Sept. 25, 1992, GAO/HRD-92-44R).

HHS approved an amendment to Connecticut's Medicaid plan that allows the state to implement a long-term care insurance plan sponsored by the Robert Wood Johnson Foundation, because it had no grounds for disapproving the plan. GAO believes HHS's decision is a reasonable interpretation of the law (Title XIX of the Social Security Act). Concerning the federal role in protecting consumers, there are no federal consumer protection standards for long-term care insurance.

Employer-Based Health Insurance: High Costs, Wide Variation Threaten System (Report, Sept. 22, 1992, GAO/HRD-92-125).

Many employers are facing rapidly increasing health insurance premiums and are frustrated by their unsuccessful efforts to contain health care costs. Firms most vulnerable to rising health costs are those whose health insurance plans offer extensive benefits and cover a large number of retirees or dependents; those whose workers are older, less healthy, or earning higher incomes; those with relatively few workers; and those in high health-cost areas. Individual firms can do little to lower their health care costs, because they cannot readily change their size, location, or employee demographics.

Health Insurance: Medicare and Private Payers Are Vulnerable to Fraud and Abuse (Testimony, Sept. 10, 1992, GAO/T-HRD-92-56).

Weaknesses in Health Care Financing Administration (HCFA) oversight of contractor review activities, exacerbated by inadequate and inconsistent funding for payment safeguards, makes Medicare vulnerable to losses. HCFA's lack of vigilance over contractors' payment safeguard activities has left program funds inadequately protected from loss and waste. Overseeing Medicare's payment safeguard activities has been a challenge to HCFA due to the program's complex administrative structure. Loose payment controls and certain Medicare payment policies permit excessive reimbursement rates and contribute to the oversight problem.

Hospital Costs: Adoption of Technologies Drives Cost Growth (Report, Sept. 9, 1992, GAO/HRD-92-120).

From 1980 through 1989, hospital costs increased 63 percent after adjusting for inflation. Whereas the impact of each of the contributing factors cannot be quantified precisely, the single most important was the

rapid adoption of new medical technology. Acquired immunodeficiency syndrome (AIDS) and the costs of malpractice insurance were not major reasons for hospital cost growth in the 1980s. Although administrative costs played a larger role, its contribution could not be precisely calculated with existing data.

State Health Care Reform: Federal Requirements Influence State Reforms (Testimony, Sept. 9, 1992, GAO/T-HRD-92-55). Report on same topic (June 16, 1992, GAO/HRD-92-70). Testimony on same topic (June 9, 1992, GAO/T-HRD-92-40).

States have taken a leadership role in devising strategies to expand access to health insurance and contain the growth of health costs. A difficult hurdle to overcome, however, is the restrictions imposed by the preemption clause of the Employee Retirement Income Security Act of 1974 (ERISA). This clause effectively prevents states from exercising control over all employer-provided insurance. Hawaii is the only state with an exemption, in part because its law requiring employer-provided health insurance took effect before ERISA was enacted. Other states have tried to move toward coverage of all their citizens within ERISA's constraints. Some state initiatives have been more narrowly focused, creating programs to assist specific groups. State budgetary constraints, however, have limited these programs to serving a small fraction of the uninsured population.

Medicare: One Scheme Illustrates Vulnerabilities to Fraud (Report, Aug. 26, 1992, GAO/HRD-92-76).

The case study of the rolling labs scheme illustrates the vulnerability of Medicare and other health insurers to health care fraud. Investigators believe that this scheme, initially rooted in the Medicare program, is the largest case of health care fraud ever identified. Since the early 1980s, the scheme grew to involve hundreds of physicians and numerous medical laboratories and an estimated $1 billion in fraudulent claims to public and private insurers. The report highlights some of the lessons learned by health insurers in their efforts to address fraud.

Prescription Drugs: Changes in Prices for Selected Drugs (Report, Aug. 24, 1992, GAO/HRD-92-128).

GAO examined recent price increases for 29 widely used drug products purchased by pharmacies and the Department of Veterans Affairs (VA). From 1985 to 1991, prices for nearly all of the products increased more than the three consumer price indexes. During this period, the maximum

price increase for each product generally exceeded 100 percent, with some prices increasing more than 200 percent. During this same period, the all item Consumer Price Index (CPI) increased by 26.2 percent, the medical care CPI increased by 56.3 percent, and the prescription drug CPI increased by 67 percent.

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, July 29, 1992, GAO/T-HRD-92-48).

The fraudulent reselling of prescription drugs is a prevalent type of Medicaid fraud that state Medicaid agencies are beginning to address more actively. A common fraud scheme involves "pill mills"—that is, a doctor's office, clinic, or pharmacy whose principal business is the illegal diversion of prescription drugs. Officials in 21 states cite such drug diversion as a major problem. Pill mills remain particularly resistant to enforcement efforts. Recent state initiatives offer considerable potential for overcoming stumbling blocks, curbing diversion, and recovering financial losses.

Health Insurance: More Resources Needed to Combat Fraud and Abuse (Testimony, July 28, 1992, GAO/T-HRD-92-49).

The size of the health care sector and sheer volume of money involved make it an attractive target for fraud and abuse. Profiteers are able to stay ahead of those who pay claims, in part, because of the obstacles to preventing and pursuing dishonest practices. Once detected, fraud is expensive and slow to pursue. The two federal agencies significantly involved in pursuing health care fraud cite resources as a problem. Because of the complexity involved in overcoming structural issues, GAO asked the Congress to consider establishing a national commission to develop comprehensive solutions to health insurance fraud and abuse.

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, July 21, 1992, GAO/HRD-92-115).

Prescription drug monitoring programs save investigators' time and improve their productivity by providing information that allows them to identify potential cases of drug diversion. Prescription drug monitoring programs were not designed to measure their effect on reducing health care costs; however, 2 of the 10 states have reduced state Medicaid prescription drug costs by an estimated $27 million over 2 years and $440,000 for 1 year. Claims by medical, pharmaceutical, and patient organizations that prescription drug monitoring programs adversely affect

a physician's ability to practice medicine or compromise patient care or confidentiality have not been sustained.

Medicare: Program and Beneficiary Costs Under Durable Medical Equipment Fee Schedules (Report, July 7, 1992, GAO/HRD-92-78).

The durable medical equipment fee schedules established under the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) resulted in both Medicare and its beneficiaries paying more than they would have under the former system. For the high-volume items we reviewed, 1989 Medicare costs increased 17 percent. When revisions in the Omnibus Budget Reconciliation Act of 1990 (P.L. 101-508) are fully implemented, Medicare payments will return to the same level that would have been incurred under the former system.

VA Health Care for Women: Despite Progress, Improvements Needed (Testimony, July 2, 1992, GAO/T-HRD-92-33). Testimony on same topic (June 19, 1992, GAO/T-HRD-92-42). Report on same topic (Jan. 23, 1992, GAO/HRD-92-23).

VA has made significant progress since 1982 toward ensuring that female veterans have equal access to health care as male veterans. However, some problems remain in caring for female veterans. Physical examinations, including cancer screening, continue to be sporadic. VA medical centers are inadequately monitoring in-house mammography programs to ensure compliance with American College of Radiology quality standards.

Medicaid: Factors to Consider in Managed Care Programs (Testimony, June 29, 1992, GAO/T-HRD-92-43).

Medicaid is being severely strained by the continuing rise in the size of its population and cost. At the same time, there is general unhappiness with the traditional fee-for-service Medicaid program. Federal and state policy makers are turning to managed care as a possible way of getting better access and quality for the money they spend. Our previous reviews of Medicaid managed care programs have identified problems with access to care, quality of services, and oversight of provider financial reporting, disclosure, and solvency. Results from our current review in Oregon, however, indicate that concerns about these problems can be lessened through improved oversight and appropriate safeguards.

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29). Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Although nearly all elderly persons had health insurance coverage through Medicare, poor elderly persons (1) were less likely to have private health insurance coverage to supplement Medicare, (2) spent a much higher percentage of their income on out-of-pocket health care expenses for noninstitutional care, and (3) were more likely to suffer from acute and chronic conditions than were nonpoor elderly persons. Moreover, only about 1 in 3 poor elderly persons were enrolled in Medicaid—the nation's health insurance program for the poor.

Long-Term Care Insurance: Actions Needed to Reduce Risks to Consumers (Testimony, June 23, 1992, GAO/T-HRD-92-44). Reports on same topic (Mar. 27, 1992, GAO/HRD-92-66 and Dec. 26, 1991, GAO/HRD-92-14). Testimony on same topic (May 20, 1992, GAO/T-HRD-92-31).

GAO and others have identified significant problems with long-term care insurance policies and the standards that govern them. GAO has also identified problems with insurance companies selling long-term care insurance to low-income people. The National Association of Insurance Commissioners (NAIC) has developed model standards for long-term care insurance. Consumers, however, are still vulnerable to considerable risks because (1) many states and insurance companies have not adopted all the NAIC standards, (2) NAIC standards do not sufficiently address several features of long-term care insurance that have important consequences for consumers, and (3) low-income people who purchased this expensive insurance may be covered by a government program such as Medicaid.

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, June 19, 1992, GAO/HRD-92-89).

Oregon's Medicaid managed care program has avoided many of the problems identified in other states. The current program, while generally sound, could be improved by (1) insuring that efforts to improve child health screening services receive high priority, (2) revising its client satisfaction surveys, (3) intensifying its oversight of health plan solvency, and (4) requiring better financial information from the plans. Regarding the proposed demonstration, GAO is concerned that Oregon may not be able to recruit enough managed care providers within the first year to

ensure access to health services for the quickly expanding managed care population.

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, June 17, 1992, GAO/HRD-92-80).

States are not ensuring that noncustodial parents provide health insurance for their children, even when such insurance is available through the noncustodial parents' employers. We estimate that the states and the federal government can save at least $122 million in medical expenditures annually if noncustodial parents provide health insurance that is available through their employment. Two main problems limit the effectiveness of state enforcement efforts: (1) federal laws lack specificity, permitting wide variability in the laws and practices states have adopted to enforce medical support, and (2) employers with health plans covered by ERISA that self-insure can exclude noncustodial parent's children from coverage.

Durable Medical Equipment: Specific HCFA Criteria and Standard Forms Could Reduce Medicare Payments (Report, June 12, 1992, GAO/HRD-92-64).

HCFA could reduce Medicare expenditures on certain durable medical equipment by developing more detailed coverage criteria that give carriers a clear, well-defined, objective basis for paying or denying claims. To save additional Medicare funds, HCFA could also develop medical necessity certification forms for equipment subject to unnecessary payments.

Screening Mammography: Federal Quality Standards Are Needed (Testimony, June 5, 1992, GAO/T-HRD-92-39).

GAO reported in Screening Mammography: Low-Cost Services Do Not Compromise Quality (Jan. 10, 1990, GAO/HRD-90-32) that many screening mammography providers surveyed lacked the quality assurance programs needed to ensure safe and accurate mammograms for women. GAO also identified a need for strong federal standards to assure the quality of screening mammography. The Congress required the Secretary of HHS to establish quality standards for mammography providers serving the Medicare population. Of significant concern, however, are the 30 million women not eligible for Medicare who should obtain regular screening and are not necessarily protected by federal quality standards.

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals Is Inadequate (Testimony, June 3, 1992, GAO/T-HRD-92-37). Report on same topic (Apr. 22, 1992, GAO/HRD-92-17).

In fiscal year 1990, VA spent approximately $1.3 billion to operate and maintain its mental health care programs and facilities. None of the four VA psychiatric hospitals GAO visited are effectively collecting and using quality assurance data on a consistent basis to identify and resolve quality-of-care problems in the psychiatric and medical care they are providing. GAO recommends that the Secretary of Veterans Affairs require the Chief Medical Director to: (1) define treatment goals, provide guidance on the evaluation of these goals, and ensure program reviews to evaluate the attainment of the goals; and (2) hold each hospital director responsible for making certain that identified medical and psychiatric quality-of-care problems are thoroughly examined and corrective actions are taken.

Childhood Immunization: Opportunities to Improve Immunization Rates at Lower Cost (Testimony, June 1, 1992, GAO/T-HRD-92-36).

Childhood immunization is one of the most effective means of health promotion and disease prevention. It could avert the costs of treatment for preventable diseases and save as much as $14 for every $1 invested. Yet GAO found that the average preschool full immunization rate among the states was 59 percent in 1990. According to the Centers for Disease Control (CDC), only about one-third of all urban preschool children are fully immunized. States told GAO that funding for purchasing and distributing CDC contract vaccines is a major barrier. Furthermore, implementing a system to handle, store, and distribute vaccines requires additional spending and also expands states' traditional public health role.

Federally Funded Health Services: Information on Seven Programs Serving Low-Income Women and Children (Report, May 28, 1992, GAO/HRD-92-73FS).

This fact sheet provides information on services, eligibility, and program interrelationships for seven programs that fund the delivery of health services to low-income women and children. The programs are the Preventive Health and Health Services block grant; Maternal and Child Health block grant; Early and Periodic Screening, Diagnosis, and Treatment portion of Medicaid; Childhood Immunization Program; Childhood Lead Poisoning Prevention; Community Health Centers; and Migrant Health Centers. GAO found that requirements for interprogram coordination were not well defined.

Medicare: Excessive Payments Support the Proliferation of Costly Technology (Report, May 27, 1992, GAO/HRD-92-59).

In some localities, Medicare's technical component payments for Magnetic Resonance Imaging (MRI) do not reflect the lower costs per scan now being achieved through faster scanning and higher machine utilization. Current payment levels are based, in part, on the charges allowed by local Medicare contractors in the mid-1980s. The 1991 payment levels in some localities were more than twice as high as in others, reflecting wide geographic disparities in the historical allowed charges. Medicare should base its payments on the costs incurred by high-volume, efficient facilities to reduce Medicare program expenditures and to discourage providers from adding excess capacity to the health care system.

Medicare: Contractor Oversight and Funding Need Improvement (Testimony, May 21, 1992, GAO/T-HRD-92-32).

GAO's work in recent years suggests that HCFA may need to exercise more active oversight over its contractors. Investigations into allegations of fraud and abuse and recovery of mistaken payments have not been adequate. Funding for Medicare's program safeguards has not kept pace with the growth in claims volume. GAO believes that HCFA must take a more active stance to hold contractors accountable for their performance in program administration.

Access to Health Insurance: State Efforts to Assist Small Businesses (Report, May 14, 1992, GAO/HRD-92-90). Testimony on same topic (May 14, 1992, GAO/T-HRD-92-30).

GAO found that most states have proposed or already implemented programs to try to expand small business employees' access to health insurance coverage. Many of these initiatives have been adopted within the past 2 years, but the early indications are that they have led to only modest gains in the number of firms offering health insurance. This is largely because costs have not been reduced sufficiently to induce small firms to offer health insurance.

Health Insurance: Vulnerable Payers Lose Billions to Fraud and Abuse (Report, May 7, 1992, GAO/HRD-92-69). Testimony on same topic (May 7, 1992, GAO/T-HRD-92-29).

Weaknesses within the health insurance system allow unscrupulous health care providers to cheat insurance companies and programs out of billions of dollars annually. Repairing the system's weaknesses presents a dilemma to policymakers: on the one hand, safeguards must be adequate for prevention, detection, and pursuit; on the other, they must not be unduly burdensome or intrusive for policyholders, providers, insurers, and law enforcement officials. GAO has asked the Congress to consider establishing a national health care fraud commission as a way to unite the efforts of public and private payers and to build consensus among representatives of divergent viewpoints.

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals Is Inadequate (Report, Apr. 22, 1992, GAO/HRD-92-17).

In fiscal year 1990, VA spent approximately $1.3 billion to operate and maintain its mental health care programs and facilities. None of the four VA psychiatric hospitals GAO visited are effectively collecting and using quality assurance data on a consistent basis to identify and resolve quality-of-care problems in the psychiatric and medical care they are providing. GAO recommends that the Secretary of Veterans Affairs require the Chief Medical Director to: (1) define treatment goals, provide guidance on the evaluation of these goals, and ensure program reviews to evaluate the attainment of the goals; and (2) hold each hospital director responsible for making certain that identified medical and psychiatric quality-of-care problems are thoroughly examined and corrective actions are taken.

Home Health Care: HCFA Evaluation of Community Health Accreditation Program Inadequate (Report, Apr. 20, 1992, GAO/HRD-92-93).

GAO evaluated HCFA's proposed regulation that governs the review of accrediting organizations. GAO found that HCFA's evaluation of the Community Health Accreditation Program's ability to assure that home health agencies adhere to Medicare conditions of participation was inadequate. Moreover, several areas cited in HCFA's proposed regulation governing the deeming of accrediting organizations were not effectively evaluated.

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, Apr. 10, 1992, GAO/T-HRD-92-26).

Medicaid is being severely strained by the continued rise in the size of its population and cost. Federal and state policy makers are turning to

managed care as a possible way to obtain better access to higher quality services for the money spent. Preliminary results from our review of the Oregon managed care program indicate that previously identified problems in Chicago health maintenance organizations that involve access to care, service quality, provider disclosure, provider solvency, and provider oversight can be lessened through appropriate oversight and adequate safeguards. Client advocates give the Oregon program high marks.

Early Intervention: Federal Investments Like WIC Can Produce Savings (Report, Apr. 7, 1992, GAO/HRD-92-18).

When the value of prevention is not quantified, legislators cannot easily factor it into their budgetary decisionmaking. To help quantify the value of prevention, GAO developed and tested a framework to analyze the costs and benefits associated with early intervention efforts. Using the Special Supplemental Food Program for Women, Infants, and Children (WIC) as a test case, GAO concludes that providing WIC benefits to pregnant women more than pays for itself within a year. GAO also found that the formula used to distribute WIC funds to the states does not adequately consider the number of eligible persons in states.

Health Care: Problems and Potential Lessons for Reform (Testimony, Mar. 27, 1992, GAO/T-HRD-92-23).

Rapidly growing costs and inaccessibility of health care for a growing share of our population have generated a consensus that the U.S. health care system needs significant change. The challenge is to find a better way to manage and finance the U.S. system while preserving high-quality, innovative medical care. GAO work suggests that common themes in successful health care programs include (1) universal coverage, (2) a uniform system for managing payment of providers, and (3) expenditure targets or caps for major categories of providers and services. GAO is beginning to assess the health care system in Rochester, New York, which appears to be more successful than most in controlling the twin problems of rapidly rising costs and constricting access to health insurance.

Medicare: Over $1 Billion Should Be Recovered From Primary Health Insurers (Report, Feb. 21, 1992, GAO/HRD-92-52).

Medicare contractors have significant backlogs of mistaken payments for Medicare beneficiaries that are unrecovered from primary health insurers.

Medicare contractors recently surveyed by HCFA reported backlogs of over $1 billion in Medicare that were mistakenly paid. These backlogs could increase as a result of (1) a recently initiated HCFA effort to identify additional primary insurers, and (2) contractors' research of previously paid beneficiary claims. Millions of dollars may be lost due to an HHS regulation that limits the time a contractor has to initiate recovery on a claim after it identifies a primary insurer. Collections of Medicare secondary payer (MSP) program mistaken payments far exceed carriers' cost of recovery. Medicare contractors advised HCFA that inadequate MSP funding is the reason for backlogs of mistaken payments.

Health Care Spending: Nonpolicy Factors Account for Most State Differences (Report, Feb. 13, 1992, GAO/HRD-92-36).

In most states, per capita spending on personal health care is near the U.S. average of $2,255 per capita in 1990. Many states with higher spending levels are concentrated in the Northeast, Midwest, and Far West, while many states with lower per capita spending are in the South and Rocky Mountain regions. Differences among states result largely from factors that state governments can do little to control. Most state differences in per capita personal health spending result from variations in personal income, health care services' capacity (including the number of physicians and hospital and nursing home beds), the concentration of hospital services in urban areas, and health status.

Medical Malpractice: Alternatives to Litigation (Report, Jan. 10, 1992, GAO/HRD-92-28).

Arbitration and no-fault programs are alternatives to litigation. Fifteen states have specific statutes on medical malpractice arbitration. Virginia and Florida enacted statutes authorizing no-fault programs to resolve certain birth-related injury claims. Michigan is the only state that (1) has a method to make patients aware of the arbitration option and (2) established a program to implement its statute's requirements. But even in Michigan, relatively few malpractice claims have been filed for arbitration compared with those filed for litigation. At least two private sector health maintenance organizations (HMOs), covering over 6 million enrollees, have mandated the use of arbitration to resolve malpractice claims. Also, a demonstration project in Maine has established standards of care in four specialties. Starting in 1992, those participating physicians who follow the standards may be protected from litigation. However, Maine officials expect the legality of the approach to be challenged.

List of Additional GAO Health Products Issued Between January and December 1992

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

VA Health Care: Closure and Replacement of the Medical Center in Martinez, California (Report, Dec. 1, 1992, GAO/HRD-93-15).

Utilization Review: Information on External Review Organizations (Report, Nov. 24, 1992, GAO/HRD-93-22FS).

Health Care: Reduction in Resident Physician Work Hours Will Not Be Easy to Attain (Report, Nov. 20, 1992, GAO/HRD-93-24BR).

Veterans' Benefits: Availability of Benefits in American Samoa (Report, Nov. 18, 1992, GAO/HRD-93-16).

Home Health Care: HCFA Properly Evaluated JCAHO's Ability to Survey Home Health Agencies (Report, Oct. 26, 1992, GAO/HRD-93-33).

Trauma Care Reimbursement: Poor Understanding of Losses and Coverage for Undocumented Aliens (Report, Oct. 15, 1992, GAO/PEMD-93-1).

Defense Health Care: Physical Exams and Dental Care Following the Persian Gulf War (Report, Oct. 15, 1992, GAO/HRD-93-5).

Occupational Safety and Health: Uneven Protections Provided to Congressional Employees (Report, Oct. 2, 1992, GAO/HRD-93-1).

AIDS: CDC's Investigation of HIV Transmissions by a Dentist (Report, Sept. 29, 1992, GAO/PEMD-92-31).

VA Health Care: Use of Private Providers Should Be Better Controlled (Report, Sept. 28, 1992, GAO/HRD-92-109).

Integrating Human Services: Linking At-Risk Families With Services More Successful Than System Reform Efforts (Report, Sept. 24, 1992, GAO/HRD-92-108).

Medicare: HCFA Monitoring of the Quality of Part B Claims Processing (Testimony, Sept. 23, 1992, GAO/T-PEMD-92-14).

Medical Technology: For Some Cardiac Pacemaker Leads, the Public Health Risks Are Still High (Report, Sept. 23, 1992, GAO/PEMD-92-20).

Social Security: Racial Difference in Disability Decisions Warrants Further Investigation (Testimony, Sept. 22, 1992, GAO/T-HRD-92-41). Report on same topic (Apr. 21, 1992, GAO/HRD-92-56).

VA Health Care: Verifying Veterans' Reported Income Could Generate Millions in Copayment Revenues (Report, Sept. 15, 1992, GAO/HRD-92-159).

VA Health Care: VA Did Not Thoroughly Investigate All Allegations by the Froelich Trust Group (Report, Sept. 4, 1992, GAO/HRD-92-141).

Cancer Treatment: Actions Taken to More Fully Utilize the Bark of Pacific Yews on Federal Land (Report, Aug. 31, 1992, GAO/RCED-92-231).

Occupational Safety and Health: Improvements Needed in OSHA's Monitoring of Federal Agencies' Programs (Report, Aug. 28, 1992, GAO/HRD-92-97).

Food Safety and Quality: USDA Improves Inspection Program for Canadian Meat, But Some Concerns Remain (Report, Aug. 26, 1992, GAO/RCED-92-250).

D.C. Government: District Medicaid Payments to Hospitals (Report, Aug. 24, 1992, GAO/GGD-92-138FS).

Operation Desert Storm: Full Army Medical Capability Not Achieved (Report, Aug. 18, 1992, GAO/NSIAD-92-175).

VA Health Care: Offsetting Long-Term Care Costs by Adopting State Copayment Practices (Report, Aug. 12, 1992, GAO/HRD-92-96).

VA Health Care: Demonstration Project Concerning Future Structure of Veterans' Health Program (Testimony, Aug. 11, 1992, GAO/T-HRD-92-53).

Nuclear Health and Safety: Mortality Study of Atmospheric Nuclear Test Participants Is Flawed (Report, Aug. 10, 1992, GAO/RCED-92-182).

Recombinant Bovine Growth Hormone: FDA Approval Should Be Withheld Until the Mastitis Issue Is Resolved (Report, Aug. 6, 1992, GAO/PEMD-92-26).

Women's Health Information: HHS Lacks an Overall Strategy (Testimony, Aug. 5, 1992, GAO/T-HRD-92-51).

VA Health Care: Inadequate Controls Over Scarce Medical Specialist Contracts (Testimony, Aug. 5, 1992, GAO/T-HRD-92-50). Report on same topic (July 29, 1992, GAO/HRD-92-114).

Food Safety and Quality: FDA Strategy Needed to Address Animal Drug Residues in Milk (Report, Aug. 5, 1992, GAO/RCED-92-209).

VA Health Care: Role of the Chief of Nursing Service Should Be Elevated (Report, Aug. 4, 1992, GAO/HRD-92-74).

Elderly Americans: Nutrition Information Is Limited and Guidelines Are Lacking (Testimony, July 30, 1992, GAO/T-PEMD-92-11).

Employee Benefits: Financing Health Benefits of Coal Industry Retirees (Report, July 22, 1992, GAO/HRD-92-137FS).

Employee Benefits: Financing Health Benefits of Retired Coal Miners (Report, July 22, 1992, GAO/HRD-92-130FS).

Medicare: Reimbursement Policies Can Influence the Setting and Cost of Chemotherapy (Report, July 17, 1992, GAO/PEMD-92-28).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, July 16, 1992, GAO/HRD-92-98).

Resource-Based Relative Value Scale (RBRVS) and Administrative Costs (Letter, July 13, 1992, GAO/HRD-92-38R).

Public/Private Elder Care Partnerships: Balancing Benefit and Risk (Testimony, July 9, 1992, GAO/T-HRD-92-45). Report on same topic (July 7, 1992, GAO/HRD-92-94).

Federal Health Benefits Program: Open Season Processing Timeliness (Letter, July 8, 1992, GAO/GGD-92-122BR).

Practitioner Data Bank: Information on Small Medical Malpractice Payments (Report, July 7, 1992, GAO/IMTEC-92-56).

VA Health Care: Alternative Health Insurance Reduces Demand for VA Health Care (Report, June 30, 1992, GAO/HRD-92-79).

Medicaid: Factors to Consider in Managed Care Programs (Testimony, June 29, 1992, GAO/T-HRD-92-43).

VA Health Care: Copayment Exemption Procedures Should Be Improved (Report, June 24, 1992, GAO/HRD-92-77).

Information on Federal Health Benefits Costs (Letter, June 23, 1992, GAO/GGD-92-18R).

Foreign Assistance: Combating HIV/AIDS in Developing Countries (Report, June 19, 1992, GAO/NSIAD-92-244).

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, June 17, 1992, GAO/HRD-92-80).

Administration on Aging: Operations Have Been Strengthened but Weaknesses Remain (Report, June 11, 1992, GAO/PEMD-92-27). Testimony on same topic (June 11, 1992, GAO/T-PEMD-92-9).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, June 11, 1992, GAO/HRD-92-111).

VA Health Care: Efforts to Improve Pharmacies' Controls Over Addictive Drugs (Testimony, June 10, 1992, GAO/T-HRD-92-38).

Employee Drug Testing: Estimated Cost to Test All Executive Branch Employees and New Hires (Report, June 10, 1992, GAO/GGD-92-99).

Health Care: VA's Implementation of the Nurse Pay Act of 1990 (Testimony, June 3, 1992, GAO/T-HRD-92-35).

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals Is Inadequate (Testimony, June 3, 1992, GAO/T-HRD-92-37). Report on same topic (Apr. 22, 1992, GAO/HRD-92-17).

Medical ADP Systems: Composite Health Care System Is Not Ready to Be Deployed (Report, May 20, 1992, GAO/IMTEC-92-54).

Financial Reporting: Accounting for the Postal Service's Postretirement Health Care Costs (Report, May 20, 1992, GAO/AFMD-92-32).

Occupational Safety & Health: Worksite Safety and Health Programs Show Promise (Report, May 19, 1992, GAO/HRD-92-68). Testimony on same topic (Feb. 26, 1992, GAO/T-HRD-92-15).

Occupational Safety & Health: Options to Improve Hazard-Abatement Procedures in the Workplace (Report, May 12, 1992, GAO/HRD-92-105).

Occupational Safety & Health: Employers' Experiences in Complying With the Hazard Communication Standard (Report, May 8, 1992, GAO/HRD-92-63BR).

Pharmaceutical Industry: Tax Benefits of Operating in Puerto Rico (Report, May 4, 1992, GAO/GGD-92-72BR).

University Research: Controlling Inappropriate Access to Federally Funded Research Results (Report, May 4, 1992, GAO/RCED-92-104).

Federal Health Benefits Program (Letter, May 4, 1992, GAO/GGD-92-11R).

Defense Health Care: Efforts to Manage Mental Health Care Benefits to CHAMPUS Beneficiaries (Testimony, Apr. 28, 1992, GAO/T-HRD-92-27).

Insurer Failures: Life/Health Insurer Insolvencies and Limitations of State Guaranty Funds (Testimony, Apr. 28, 1992, GAO/T-GGD-92-15). Report on same topic (Mar. 19, 1992, GAO/GGD-92-44).

Over the Counter Drugs: Gaps and Potential Vulnerabilities in the Regulatory System (Testimony, Apr. 28, 1992, GAO/T-PEMD-92-8). Report on same topic (Jan. 10, 1992, GAO/PEMD-92-9).

Drug Control: Difficulties in Denying Federal Benefits to Convicted Drug Offenders (Report, Apr. 21, 1992, GAO/GGD-92-56).

Social Security: Racial Difference in Disability Decisions Warrants Further Investigation (Report, Apr. 21, 1992, GAO/HRD-92-56).

Food Safety and Quality: Salmonella Control Efforts Show Need for More Coordination (Report, Apr. 21, 1992, GAO/RCED-92-69).

FDA Premarket Approval: Process of Approving Olestra as a Food Additive (Report, Apr. 7, 1992, GAO/HRD-92-86).

FDA Premarket Approval: Process of Approving Ansaid as a Drug (Report, Apr. 7, 1992, GAO/HRD-92-85).

Federal Workforce: Agencies' Procurements of Private Health Club Services (Report, Apr. 7, 1992, GAO/GGD-92-66).

Defense Health Care: Obstacles in Implementing Coordinated Care (Testimony, Apr. 7, 1992, GAO/T-HRD-92-24).

Occupational Safety & Health: Penalties for Violations Are Well Below Maximum Allowable Penalties (Report, Apr. 6, 1992, GAO/HRD-92-48).

Maternal and Child Health: Block Grant Funds Should Be Distributed More Equitably (Report, Apr. 2, 1992, GAO/HRD-92-5).

FDA Regulations: Sustained Management Attention Needed to Improve Timely Issuance (Testimony, Apr. 1, 1992, GAO/T-HRD-92-19). Report on same topic (Feb. 21, 1992, GAO/HRD-92-35).

HHS Staff for Board and Care Issues (Letter, Apr. 1, 1992, GAO/HRD-92-29R).

Health Care: Readiness of U.S. Contingency Hospital Systems to Treat War Casualties (Testimony, Mar. 25, 1992, GAO/T-HRD-92-17).

Medical Technology: Implementing the Good Manufacturing Practices Regulations (Testimony, Mar. 25, 1992, GAO/T-PEMD-92-6). Report on same topic (Feb. 13, 1992, GAO/PEMD-92-10).

Community Health Centers: Administration of Grant Awards Needs Strengthening (Report, Mar. 18, 1992, GAO/HRD-92-51).

Medicare: Shared Systems Policy Inadequately Planned and Implemented (Report, Mar. 18, 1992, GAO/IMTEC-92-41). Testimony on same topic (Mar. 18, 1992, GAO/T-IMTEC-92-11).

Cross Design Synthesis: A New Strategy for Medical Effectiveness Research (Report, Mar. 17, 1992, GAO/PEMD-92-18).

Board and Care Homes: Medication Mishandling Places Elderly at Risk (Testimony, Mar. 13, 1992, GAO/T-HRD-92-16). Report on same topic (Feb. 7, 1992, GAO/HRD-92-45).

Small Group Market Reforms: Assessment of Proposals to Make Health Insurance More Readily Available to Small Businesses (Letter, Mar. 12, 1992, GAO/HRD-92-27R).

Employee Benefits: States Need Labor's Help Regulating Multiple Employer Welfare Arrangements (Report, Mar. 10, 1992, GAO/HRD-92-40).

Cancer Treatment: Efforts to More Fully Utilize the Pacific Yew's Bark (Testimony, Mar. 4, 1992, GAO/T-RCED-92-36).

Medicare: Payments for Medically Directed Anesthesia Services Should be Reduced (Report, Mar. 3, 1992, GAO/HRD-92-25).

Medicaid Third-Party Liability (Letter, Mar. 3, 1992, GAO/HRD-92-21R).

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal Minimum Standards in 1988-89 (Report, Feb. 28, 1992, GAO/HRD-92-54).

Canadian Health Insurance (Letter, Feb. 20, 1992, GAO/HRD-92-20R).

VA Health Care: VA Plans Will Delay Establishment of Hawaii Medical Center (Report, Feb. 25, 1992, GAO/HRD-92-41).

Hired Farmworkers: Health and Well-Being at Risk (Report, Feb. 14, 1992, GAO/HRD-92-46).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Report, Feb. 12, 1992, GAO/GGD-92-27).

Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Report, Jan. 31, 1992, GAO/HRD-92-34).

Medicare: Rationale for Higher Payment for Hospital-Based Home Health Agencies (Report, Jan. 31, 1992, GAO/HRD-92-24).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Report, Jan. 29, 1992, GAO/HRD-92-53).

VA Health Care: Modernizing VA's Mail-Service Pharmacies Should Save Millions of Dollars (Report, Jan. 22, 1992, GAO/HRD-92-30).

Food Safety and Quality: FDA Needs Stronger Controls Over the Approval Process for New Animal Drugs (Report, Jan. 17, 1992, GAO/RCED-92-63).

Adolescent Drug Use Prevention: Common Features of Promising Community Programs (Report, Jan. 16, 1992, GAO/PEMD-92-2).

International Environment: Kuwaiti Oil Fires—Chronic Health Risks Unknown but Assessments Are Under Way (Report, Jan. 16, 1992, GAO/RCED-92-80BR).

Budget Issues: 1991 Budget Estimates: What Went Wrong (Report, Jan. 15, 1992, GAO/OCG-92-1).

Hispanic Access to Health Care: Significant Gaps Exist (Report, Jan. 15, 1992, GAO/PEMD-92-6). Testimony on same topic (Sept. 19, 1991, GAO/T-PEMD-91-13).

Drug Abuse Research: Federal Funding and Future Needs (Report, Jan. 14, 1992, GAO/PEMD-92-5). Testimony on same topic (Sept. 25, 1991, GAO/PEMD-T-91-14).

Defense Health Care: Efforts to Address Health Effects of the Kuwait Oil Well Fires (Report, Jan. 9, 1992, GAO/HRD-92-50).

Defense Health Care: Transfers of Military Personnel With Disabled Children (Report, Jan. 9, 1992, GAO/HRD-92-15).

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

Bone Marrow Transplants: National Program Has Greatly Increased Pool of Potential Donors (Report, Nov. 4, 1992, GAO/HRD-93-11).

Trauma Care Reimbursement: Poor Understanding of Losses and Coverage for Undocumented Aliens (Report, Oct. 15, 1992, GAO/PEMD-93-1).

Employer-Based Health Insurance: High Costs, Wide Variation Threaten System (Report, Sept. 22, 1992, GAO/HRD-92-125).

Hospital Costs: Adoption of Technologies Drives Cost Growth (Report, Sept. 9, 1992, GAO/HRD-92-120).

State Health Care Reform: Federal Requirements Influence State Reforms (Testimony, Sept. 9, 1992, GAO/T-HRD-92-55). Report on same topic (June 16, 1992, GAO/HRD-92-70). Testimony on same topic (June 9, 1992, GAO/T-HRD-92-40).

Health Insurance: More Resources Needed to Combat Fraud and Abuse (Testimony, July 28, 1992, GAO/T-HRD-92-49).

Federally Funded Health Services: Information on Seven Programs Serving Low-Income Women and Children (Report, May 28, 1992, GAO/HRD-92-73FS).

Access to Health Insurance: States Attempt to Correct Problems in Small Business Health Insurance Market (Report, May 14, 1992, GAO/HRD-92-90). Testimony on same topic (May 14, 1992, GAO/T-HRD-92-30).

Health Insurance: Vulnerable Payers Lose Billions to Fraud and Abuse (Report, May 7, 1992, GAO/HRD-92-69). Testimony on same topic (May 7, 1992, GAO/T-HRD-92-29).

Insurer Failures: Life/Health Insurer Insolvencies and Limitations of State Guaranty Funds (Testimony, Apr. 28, 1992, GAO/T-GGD-92-15). Report on same topic (Mar. 19, 1992, GAO/GGD-92-44).

Early Intervention: Federal Investments Like WIC Can Produce Savings (Report, Apr. 7, 1992, GAO/HRD-92-18).

Maternal and Child Health: Block Grant Funds Should Be Distributed More Equitably (Report, Apr. 2, 1992, GAO/HRD-92-5).

Health Care: Problems and Potential Lessons for Reform (Testimony, Mar. 27, 1992, GAO/T-HRD-92-23).

Small Group Market Reforms: Assessment of Proposals to Make Health Insurance More Readily Available to Small Businesses (Letter, Mar. 12, 1992, GAO/HRD-92-27R).

Medigap Insurance: Insurers Whose Loss Ratios Did Not Meet Federal Minimum Standards in 1988-89 (Report, Feb. 28, 1992, GAO/HRD-92-54).

Canadian Health Insurance (Letter, Feb. 20, 1992, GAO/HRD-92-20R).

Health Care Spending: Nonpolicy Factors Account for Most State Differences (Report, Feb. 13, 1992, GAO/HRD-92-36).

Budget Issues: 1991 Budget Estimates: What Went Wrong (Report, Jan. 15, 1992, GAO/OCG-92-1).

Hispanic Access to Health Care: Significant Gaps Exist (Report, Jan. 15, 1992, GAO/PEMD-92-6). Testimony on same topic (Sept. 19, 1991, GAO/T-PEMD-91-13).

Health Care Spending Control: The Experience of France, Germany, and Japan (Report, Nov. 15, 1991, GAO/HRD-92-9). French and German translations available (Nov. 15, 1991, GAO/HRD-92-9ES). Testimony on same topic (Nov. 19, 1991, GAO/T-HRD-92-12).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies (Report, Sept. 27, 1991, GAO/PEMD-91-14).

States Need More Department of Labor Help to Regulate Multiple Employer Welfare Arrangements and Correct Problems (Testimony, Sept. 17, 1991, GAO/T-HRD-91-47).

Managed Care: Oregon Program Appears Successful But Expansion Should Be Implemented Cautiously (Testimony, Sept. 16, 1991, GAO/T-HRD-91-48).

Rural Hospitals: Closures and Issues of Access (Testimony, Sept. 4, 1991, GAO/T-HRD-91-46).

Nonprofit Hospitals: Better Standards Needed for Tax Exemption (Testimony, July 10, 1991, GAO/T-HRD-91-43). Report on same topic (May 30, 1990, GAO/HRD-90-84). Testimony on same topic (June 28, 1990, GAO/T-HRD-90-45).

Private Health Insurance: Problems Caused by a Segmented Market (Report, July 2, 1991, GAO/HRD-91-114). Testimony on same topic (May 2, 1991, GAO/T-HRD-91-21).

U.S. Health Care Spending: Trends, Contributing Factors, and Proposals for Reform (Report, June 10, 1991, GAO/HRD-91-102). French and German translations available (June 10, 1991, GAO/HRD-91-102). Testimony on same topic (Apr. 17, 1991, GAO/T-HRD-91-16).

Canadian Health Insurance: Lessons for the United States (Report, June 4, 1991, GAO/HRD-91-90). Testimony on same topic (June 4, 1991, GAO/T-HRD-91-35).

Trauma Care: Lifesaving System Threatened by Unreimbursed Costs and Other Factors (Report, May 17, 1991, GAO/HRD-91-57).

Retiree Health: Company-Sponsored Plans Facing Increased Costs and Liabilities (Testimony, May 6, 1991, GAO/T-HRD-91-25).

Workers at Risk: Increased Numbers in Contingent Employment Lack Insurance, Other Benefits (Report, Mar. 8, 1991, GAO/HRD-91-56).

Medigap Insurance: Better Consumer Protection Should Result From 1990 Changes to Baucus Amendment (Report, Mar. 5, 1991, GAO/HRD-91-49).

Rural Hospitals: Federal Efforts Should Target Areas Where Closures Would Threaten Access to Care (Report, Feb. 15, 1991, GAO/HRD-91-41).

Health Insurance Coverage: A Profile of the Uninsured in Selected States (Report, Feb. 8, 1991, GAO/HRD-91-31FS).

Home Visiting: A Promising Early Intervention Service Delivery Strategy (Testimony, Oct. 2, 1990, GAO/T-HRD-91-02). Report on same topic (July 11, 1990, GAO/HRD-90-83).

Budget Issues: Effects of the Fiscal Year 1990 Sequester on the Department of Health and Human Services (Report, Aug. 9, 1990, GAO/HRD-90-156FS).

Rural Hospitals: Factors That Affect Risk of Closure (Report, June 19, 1990, GAO/HRD-90-134).

Rural Hospitals: Federal Leadership and Targeted Programs Needed (Report, June 12, 1990, GAO/HRD-90-67).

Medigap Insurance: Proposals for Regulatory Changes and 1988 Loss Ratio Data (Testimony, June 6, 1990, GAO/T-HRD-90-35).

Health Insurance: Availability and Adequacy for Small Businesses (Testimony, June 5, 1990, GAO/T-HRD-90-33). Testimony on same topic (Oct. 16, 1989, GAO/T-HRD-90-2).

Health Insurance: A Profile of the Uninsured in Michigan and the United States (Report, May 31, 1990, GAO/HRD-90-97).

Health Insurance: Cost Increases Lead to Coverage Limitations and Cost Shifting (Report, May 22, 1990, GAO/HRD-90-68).

Medigap Insurance: Premiums and Regulatory Changes After Repeal of the Medicare Catastrophic Coverage Act and 1988 Loss Ratio Data (Testimony, Mar. 13, 1990, GAO/T-HRD-90-16).

Medigap Insurance: Expected 1990 Premiums After Repeal of the Medicare Catastrophic Coverage Act (Testimony, Feb. 2, 1990, GAO/T-HRD-90-11). Testimony on same topic (Jan. 8, 1990, GAO/T-HRD-90-9).

AIDS: Delivery and Financing Health Services in Five Communities (Report, Sept. 13, 1989, GAO/HRD-89-120).

Health Care Financing: Unreimbursed Charges of Selected Children's Hospitals (Report, July 11, 1989, GAO/HRD-89-76).

Medigap Insurance: Effects of the Catastrophic Coverage Act of 1988 on Future Benefits (Testimony, June 1, 1989, GAO/T-HRD-89-22).

Heart Transplants: Concerns About Cost, Access, and Availability of Donor Organs (Report, May 3, 1989, GAO/HRD-89-61).

Medigap Insurance: Effects of the Catastrophic Coverage Act of 1988 on Benefits and Premiums (Testimony, Apr. 6, 1989, GAO/T-HRD-89-13).

Health Insurance: An Overview of the Working Uninsured (Report, Feb. 24, 1989, GAO/HRD-89-45).

Health Insurance: Bibliography of Studies on Health Benefits for the Uninsured (Report, Feb. 24, 1989, GAO/HRD-89-27FS).

Health Insurance: A Profile of the Uninsured in Ohio and the Nation (Report, Aug. 30, 1988, GAO/HRD-88-83).

Health Insurance: Hospital Indemnity and Specified Disease Policies Are of Limited Value (Report, July 12, 1988, GAO/HRD-88-93).

AIDS: Views on the Administration's Fiscal Year 1989 Public Health Service Budget (Report, June 2, 1988, GAO/HRD-88-104BR).

Health Insurance: Risk Pools for the Medically Uninsurable (Report, Apr. 13, 1988, GAO/HRD-88-66BR).

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

Medicare: HCFA Monitoring of the Quality of Part B Claims Processing (Testimony, Sept. 23, 1992, GAO/T-PEMD-92-14).

Health Insurance: Medicare and Private Payers Are Vulnerable to Fraud and Abuse (Testimony, Sept. 10, 1992, GAO/T-HRD-92-56).

Medicare: One Scheme Illustrates Vulnerabilities to Fraud (Report, Aug. 26, 1992, GAO/HRD-92-76).

D.C. Government: District Medicaid Payments to Hospitals (Report, Aug. 24, 1992, GAO/GGD-92-138FS).

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, July 29, 1992, GAO/T-HRD-92-48).

Medicare: Reimbursement Policies Can Influence the Setting and Cost of Chemotherapy (Report, July 17, 1992, GAO/PEMD-92-28).

Resource-Based Relative Value Scale (RBRVS) and Administrative Costs (Letter, July 13, 1992, GAO/HRD-92-38R).

Medicare: Program and Beneficiary Costs Under Durable Medical Equipment Fee Schedules (Report, July 7, 1992, GAO/HRD-92-78).

Medicaid: Factors to Consider in Managed Care Programs (Testimony, June 29, 1992, GAO/T-HRD-92-43).

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29). Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Medicaid: Oregon's Managed Care Program and Implications for Expansions (Report, June 19, 1992, GAO/HRD-92-89).

Medicaid: Ensuring That Noncustodial Parents Provide Health Insurance Can Save Costs (Report, June 17, 1992, GAO/HRD-92-80).

Durable Medical Equipment: Specific HCFA Criteria and Standard Forms Could Reduce Medicare Payments (Report, June 12, 1992, GAO/HRD-92-64).

Medicare: Excessive Payments Support the Proliferation of Costly Technology (Report, May 27, 1992, GAO/HRD-92-59).

Medicare: Contractor Oversight and Funding Need Improvement (Testimony, May 21, 1992, GAO/T-HRD-92-32).

Medicaid: Factors to Consider in Expanding Managed Care Programs (Testimony, Apr. 10, 1992, GAO/T-HRD-92-26).

Medicare: Shared Systems Policy Inadequately Planned and Implemented (Report, Mar. 18, 1992, GAO/IMTEC-92-41). Testimony on same topic (Mar. 18, 1992, GAO/T-IMTEC-92-11).

Medicare: Payments for Medically Directed Anesthesia Services Should Be Reduced (Report, Mar. 3, 1992, GAO/HRD-92-25).

Medicaid Third-Party Liability (Letter, Mar. 3, 1992, GAO/HRD-92-21R).

Medicare: Over $1 Billion Should Be Recovered From Primary Health Insurers (Report, Feb. 21, 1992, GAO/HRD-92-52).

Medicare: Rationale for Higher Payment for Hospital-Based Home Health Agencies (Report, Jan. 31, 1992, GAO/HRD-92-24).

Medicare: Third Status Report on Medicare Insured Group Demonstration Projects (Report, Jan. 29, 1992, GAO/HRD-92-53).

Medicare: HCFA Needs to Take Stronger Actions Against HMOs Violating Federal Standards (Testimony, Nov. 15, 1991, GAO/T-HRD-92-11). Report on same topic (Nov. 12, 1991, GAO/HRD-92-11).

Medicare: Effect of Durable Medical Equipment Fee Schedules on Six Suppliers' Profits (Report, Nov. 6, 1991, GAO/HRD-92-22).

Significant Reductions in Corporate Retiree Health Liabilities Projected if Medicare Eligibility Age Lowered to 60 (Testimony, Nov. 5, 1991, GAO/T-HRD-92-7).

Medicare: Millions of Dollars in Mistaken Payments Not Recovered (Report, Oct. 21, 1991, GAO/HRD-92-26).

Medicare: Improper Handling of Beneficiary Complaints of Provider Fraud and Abuse (Report, Oct. 2, 1991, GAO/HRD-92-1). Testimony on same topic (Oct. 2, 1991, GAO/T-HRD-92-2).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Report, Sept. 5, 1991, GAO/HRD-91-54).

Medicare: Information Needed to Assess Payments to Providers (Report, Aug. 8, 1991, GAO/HRD-91-113).

Medicaid Expansions: Coverage Improves but State Fiscal Problems Jeopardize Continued Progress (Report, June 25, 1991, GAO/HRD-91-78).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (Report, June 13, 1991, GAO/HRD-91-92).

Medicare: Further Changes Needed to Reduce Program Costs (Testimony, June 13, 1991, GAO/T-HRD-91-34). Report on same topic (May 15, 1991, GAO/HRD-91-67).

Medicare: Payments for Clinical Laboratory Test Services Are Too High (Report, June 10, 1991, GAO/HRD-91-59).

Medicare: Flawed Data Add Millions to Teaching Hospital Payments (Report, June 4, 1991, GAO/IMTEC-91-31).

Medicaid: Alternatives for Improving the Distribution of Funds (Report, May 20, 1991, GAO/HRD-91-66FS). Testimony on same topic (Dec. 7, 1990, GAO/T-HRD-91-5).

Medicare: Variations in Payments to Anesthesiologists Linked to Anesthesia Time (Report, Apr. 30, 1991, GAO/HRD-91-43).

Medicare: HCFA Should Improve Internal Controls Over Part B Advance Payments (Report, Apr. 17, 1991, GAO/HRD-91-81).

Medicaid: HCFA Needs Authority to Enforce Third-Party Requirements on States (Report, Apr. 11, 1991, GAO/HRD-91-60).

Medicare: Millions in Disabled Beneficiary Expenditures Shifted to Employers (Report, Apr. 10, 1991, GAO/HRD-91-24).

Medicare Claims Processing: HCFA Can Reduce the Disruptions Caused by Replacing Contractors (Report, Apr. 4, 1991, GAO/HRD-91-44).

Medicare: Need for Consistent National Payment Policy for Special Anesthesia Services (Report, Mar. 13, 1991, GAO/HRD-91-23).

Medicare: PRO Review Does Not Assure Quality of Care Provided by Risk HMOs (Testimony, Mar. 13, 1991, GAO/T-HRD-91-12). Report on same topic (Mar. 12, 1991, GAO/HRD-91-48).

Medicare: Millions in Potential Recoveries Not Being Sought by Contractors (Testimony, Feb. 26, 1991, GAO/T-HRD-91-8).

Prenatal Care: Early Success in Enrolling Women Made Eligible by Medicaid Expansions (Report, Feb. 11, 1991, GAO/PEMD-91-10).

Medicare: Millions in Potential Recoveries Not Being Sought by Maryland Contractor (Report, Jan. 25, 1991, GAO/HRD-91-32).

Medicaid: Legislation Needed to Improve Collections From Private Insurers (Report, Nov. 30, 1990, GAO/HRD-91-25).

Medicaid: Millions of Dollars Not Recovered From Michigan Blue Cross/Blue Shield (Report, Nov. 30, 1990, GAO/HRD-91-12).

Medicare: Comparison of Two Methods of Computing Home Health Care Costs Limits (Report, Sept. 28, 1990, GAO/HRD-90-167).

Quality of Care Provided Medicaid Recipients by Chicago-Area HMOs (Testimony, Sept. 14, 1990, GAO/T-HRD-90-54).

Long-Term Care Insurance: Proposals to Link Private Insurance and Medicaid Need Close Scrutiny (Report, Sept. 10, 1990, GAO/HRD-90-154).

Nursing Homes: Admission Problems for Medicaid Recipients and Attempts to Solve Them (Report, Sept. 5, 1990, GAO/HRD-90-135).

Medicare: Options to Provide Home Dialysis Aides (Report, Aug. 31, 1990, GAO/HRD-90-153).

Medicaid: Oversight of Health Maintenance Organizations in the Chicago Area (Report, Aug. 27, 1990, GAO/HRD-90-81).

ADP Systems: HCFA's Failure to Follow Guidelines Makes System Effectiveness Uncertain (Report, July 26, 1990, GAO/IMTEC-90-53).

Medicare: Comparative Analysis of Payments for Selected Hospital Services (Report, July 6, 1990, GAO/HRD-90-108).

HCFA Needs Better Assurance That Hospitals Meet Medicare Conditions of Participation (Testimony, June 21, 1990, GAO/T-HRD-90-44).

Medicare: HCFA Can Reduce Paperwork Burden for Physicians and Their Patients (Report, June 20, 1990, GAO/HRD-90-86).

Medicare: Effects of Budget Reductions on Contractor Program Safeguard Activities (Testimony, June 14, 1990, GAO/T-HRD-90-42).

Medicare: Second Status Report on Medicare Insured Group Demonstration Projects (Report, June 6, 1990, GAO/HRD-90-117).

Medicare: Durable Medical Equipment Fee Schedules Have Widely Varying Rates (Testimony, May 22, 1990, GAO/T-HRD-90-32).

Medicare: Employer Insurance Primary Payer for 11 Percent of Disabled Beneficiaries (Report, May 10, 1990, GAO/HRD-90-79).

Medicare: GAO Views on Medicare Payments to Health Maintenance Organizations (Testimony, May 8, 1990, GAO/T-HRD-90-27).

Medicaid: Sources of Information on Mental Health Services (Report, May 7, 1990, GAO/HRD-90-100).

Medicare: Alternatives for Computing Payments for Hospital Outpatient Surgery (Report, Apr. 3, 1990, GAO/HRD-90-78).

Medicare Catastrophic: Roll Back of Premiums on Schedule (Report, Mar. 16, 1990, GAO/IMTEC-90-30).

Medicare and Medicaid: More Information Exchange Could Improve Detection of Substandard Care (Report, Mar. 7, 1990, GAO/HRD-90-29).

Medicare Part A Reimbursements: Processing of Appeals Is Slow (Report, Feb. 9, 1990, GAO/HRD-90-23BR).

Medicare: Withdrawing Eyeglass Coverage Recommended Following Cataract Surgery (Report, Feb. 8, 1990, GAO/HRD-90-31).

Medicare: Increased Denials of Home Health Claims During 1986 and 1987 (Report, Jan. 24, 1990, GAO/HRD-90-14BR).

Medicare: Improvements Needed in the Identification of Inappropriate Hospital Care (Report, Dec. 20, 1989, GAO/PEMD-90-7).

Medicare: Internal Controls Over Electronic Claims for Anesthesia Services Are Inadequate (Report, Dec. 18, 1989, GAO/HRD-90-49).

Medicare: Statistics on the Part B Administrative Law Judge Hearings Process (Report, Nov. 28, 1989, GAO/HRD-90-18).

Medicare Catastrophic Act: Estimated Effects of Repeal on Medigap Premiums and Medicaid Costs (Report, Nov. 6, 1989, GAO/HRD-90-48FS).

Medicare: Increase in HMO Reimbursement Would Eliminate Potential Savings (Report, Nov. 1, 1989, GAO/HRD-90-38).

Medicare: Payments for Home Dialysis Patients Much Higher Under Reasonable Charge Method (Report, Oct. 24, 1989, GAO/HRD-90-37).

Medicare: Assuring the Quality of Home Health Services (Report, Oct. 10, 1989, GAO/HRD-90-7).

Medicare: Program Provisions and Payments Discourage Hospice Participation (Report, Sept. 29, 1989, GAO/HRD-89-111).

Medicare: Impact of State Mandatory Assignment Programs on Beneficiaries (Report, Sept. 19, 1989, GAO/HRD-89-128).

Medicare Catastrophic Act: Options for Changing Financing and Benefits (Report, Sept. 15, 1989, GAO/HRD-89-156).

ADP Systems: Better Control Over States' Medicaid Systems Needed (Report, Aug. 2, 1989, GAO/IMTEC-89-19).

Drug Utilization Review Under Medicare (Testimony, Aug. 1, 1989, GAO/T-PEMD-89-5).

Medicare: Status Report on Medicare Insured Group Demonstration Projects (Report, June 27, 1989, GAO/HRD-89-64).

Medicare: Referring Physicians' Ownership of Laboratories and Imaging Centers (Testimony, June 8, 1989, GAO/T-HRD-89-26). Testimony on same topic (June 1, 1989, GAO/T-HRD-89-24).

Medicare: Physician Incentive Payments by Prepaid Health Plans Could Lower Quality of Care (Testimony, Apr. 25, 1989, GAO/T-HRD-89-19). Report on same topic (Dec. 12, 1988, GAO/HRD-89-29).

Medicaid: Federal Oversight of Kansas Facility for the Retarded Inadequate (Report, Sept. 29, 1989, GAO/HRD-89-85).

Medicaid: States Expand Coverage for Pregnant Women, Infants, and Children (Report, Aug. 16, 1989, GAO/HRD-89-90).

Medicare: Indirect Medical Education Payments Are Too High (Testimony, Apr. 11, 1989, GAO/T-HRD-89-14). Report on same topic (Jan. 5, 1989, GAO/HRD-89-33).

Medicare: GAO Views on the Payment System for Outpatient Cataract Surgery (Testimony, Apr. 10, 1989, GAO/T-HRD-89-16).

Medicare: Statutory Modifications Needed for the Peer Review Program Monetary Penalty (Report, Mar. 30, 1989, GAO/HRD-89-18).

Medicaid: Recoveries From Nursing Home Residents' Estates Could Offset Program Costs (Report, Mar. 7, 1989, GAO/HRD-89-56).

Medicare: Reasonableness of Health Maintenance Organization Payments Not Assured (Report, Mar. 3, 1989, GAO/HRD-89-41).

Medicare: Cutting Payment Safeguards Will Increase Program Costs (Testimony, Feb. 28, 1989, GAO/T-HRD-89-6).

Medicare: Health Maintenance Organization Rate-Setting Issues (Report, Jan. 31, 1989, GAO/HRD-89-46).

Medicaid: Some Recipients Neglect to Report U.S. Savings Bond Holdings (Report, Jan. 18, 1989, GAO/HRD-89-43).

Medicare: An Assessment of HCFA's 1988 Hospital Mortality Analyses (Report, Dec. 13, 1988, GAO/PEMD-89-11BR).

Medicare: Incentives Needed to Assure Private Insurers Pay Before Medicare (Report, Nov. 29, 1988, GAO/HRD-89-19).

Internal Controls: Need to Strengthen Controls Over Payments by Medicare Intermediaries (Report, Nov. 14, 1988, GAO/HRD-89-8).

Medicare PROs: Extreme Variation in Organizational Structure and Activities (Report, Nov. 8, 1988, GAO/PEMD-89-7FS).

Medicaid: Views on Changes Needed in Mental Health Benefits (Report, Sept. 27, 1988, GAO/HRD-88-96FS).

Medicare: Experience Shows Ways to Improve Oversight of Health Maintenance Organizations (Report, Aug. 17, 1988, GAO/HRD-88-73).

Controlled Substances: Medicaid Data May Be Useful For Monitoring Diversion (Report, Aug. 1, 1988, GAO/HRD-88-111).

Medicare and Medicaid: Updated Effects of Recent Legislation on Program and Beneficiary Costs (Report, July 26, 1988, GAO/HRD-88-85).

Medicare: Issues Concerning the HealthChoice Demonstration Project (Report, July 20, 1988, GAO/HRD-88-69).

Medicare: Improved Patient Outcome Analyses Could Enhance Quality Assessment (Report, June 27, 1988, GAO/PEMD-88-23).

Medicare: Simplified Processing of Deceased Beneficiaries' Claims to Be Implemented (Report, June 21, 1988, GAO/HRD-88-99).

Medicare: Improving Quality of Care Assessment and Assurance (Report, May 2, 1988, GAO/PEMD-88-10).

Medicare: Refinement of Diagnosis Related Groups Needed to Insure Payment Equity (Report, Apr. 22, 1988, GAO/HRD-88-41).

Medicare Claims: HCFA Proposal to Establish an Administrative Law Judge Unit (Report, Apr. 20, 1988, GAO/HRD-88-84BR).

Medicaid: Little Effect From Legislative Change Permitting Asset Revaluation (Report, Apr. 8, 1988, GAO/HRD-88-65).

Medicare: Performance of Blue Shield of Massachusetts Under the Tri-State Contract (Report, Mar. 31, 1988, GAO/HRD-88-81BR).

Medicare: Potential Effects of Shifting the Home Health Benefit From Part A to Part B (Report, Mar. 25, 1988, GAO/HRD-88-79).

Medicare: Contractor Services to Beneficiaries and Providers (Report, Mar. 16, 1988, GAO/HRD-88-76BR).

Medicare: Management of Risk-Based HMO Program (Testimony, Mar. 10, 1988, GAO/T-HRD-88-10).

Medicare: Hospital Payment Rates Should Be Revised to Assure Reasonableness and Equity (Testimony, Mar. 1, 1988, GAO/T-HRD-88-9).

Medicare: Number of Rural Hospitals Terminating Participation Since the Program Began (Report, Jan. 29, 1988, GAO/HRD-88-46).

Medicare: Physician-Sponsored Organizations Receive Priority for Peer Review Contracts (Report, Jan. 21, 1988, GAO/HRD-88-43).

Medicare: Share of Hospitals' Inpatient Use and Revenue (Report, Jan 15, 1988, GAO/HRD-88-44BR).

Public Health and Education

Integrating Human Services: Linking At-Risk Families With Services More Successful Than System Reform Efforts (Report, Sept. 24, 1992, GAO/HRD-92-108).

Women's Health Information: HHS Lacks an Overall Strategy (Testimony, Aug. 5, 1992, GAO/T-HRD-92-51).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, July 16, 1992, GAO/HRD-92-93).

Foreign Assistance: Combating HIV/AIDS in Developing Countries (Report, June 19, 1992, GAO/NSIAD-92-244).

Childhood Immunization: Opportunities to Improve Immunization Rates at Lower Cost (Testimony, June 1, 1992, GAO/T-HRD-92-36).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, May 15, 1992, GAO/RCED-92-186).

Diabetes: Status of the Disease Among American Indians, Blacks, and Hispanics (Testimony, Apr. 6, 1992, GAO/T-PEMD-92-7).

Community Health Centers: Administration of Grant Awards Needs Strengthening (Report, Mar. 18, 1992, GAO/HRD-92-51).

Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Report, Jan. 31, 1992, GAO/HRD-92-34).

AIDS-Prevention Programs: High Risk Groups Still Prove Hard to Reach (Report, June 14, 1991, GAO/HRD-91-52).

Mental Health Grants: Funding Not Distributed in Accordance with State Needs (Testimony, May 16, 1991, GAO/T-HRD-91-32).

Medical Malpractice: Data on Claims Needed to Evaluate Health Centers' Insurance Alternatives (Report, May 2, 1991, GAO/HRD-91-98).

Mentally Ill Inmates: Better Data Would Help Determine Protection and Advocacy Needs (Report, Apr. 17, 1991, GAO/GGD-91-35).

Community Health Centers: Hospitals Can Become Centers Under Certain Conditions (Report, Mar. 22, 1991, GAO/HRD-91-77FS).

Accidental Shootings: Many Deaths and Injuries Caused by Firearms Could Be Prevented (Report, Mar. 19, 1991, GAO/PEMD-91-9).

Indian Health Service: Funding Based on Historical Patterns, Not Need (Report, Feb. 21, 1991, GAO/HRD-91-5).

Home Visiting: A Promising Early Intervention Service Delivery Strategy (Testimony, Oct. 2, 1990, GAO/T-HRD-91-2).

Children's Issues: A Decade of GAO Reports and Recent Activities (Report, Sept. 21, 1990, GAO/HRD-90-162).

Mental Health Plans: Many States May Not Meet Deadlines for Plan Implementation (Report, Sept. 18, 1990, GAO/HRD-90-142).

National Health Service Corps: Program Unable to Meet Need for Physicians in Underserved Areas (Report, Aug. 10, 1990, GAO/HRD-90-128).

Health Care: Public Health Service Funding of Community Health Centers in New York City (Report, Aug. 7, 1990, GAO/HRD-90-121).

Minority Health: Information on Activities of HHS's Office of Minority Health (Report, June 6, 1990, GAO/HRD-90-140FS).

AIDS Education: Gaps in Coverage Still Exist (Testimony, May 3, 1990, GAO/T-HRD-90-26).

AIDS Education: Programs for Out-of-School Youth Slowly Evolving (Report, May 1, 1990, GAO/HRD-90-111).

AIDS Education: Public School Programs Require More Student Information and Teacher Training (Report, May 1, 1990, GAO/HRD-90-103).

D.C. Government: Status of Transferring Saint Elizabeths Hospital to the District of Columbia (Report, Mar. 26, 1990, GAO/GGD-90-74BR).

Observations on Ohio's Implementation of the Drug Free Schools and Communities Act of 1986 (Testimony, Feb. 13, 1990, GAO/T-HRD-90-12).

Legislative Branch: Parental Leave Practices and Child Care Services (Report, Nov. 14, 1989, GAO/HRD-90-12).

Youth Camps: Nationwide and State Data on Safety and Health Lacking (Report, Sept. 20, 1989, GAO/HRD-89-140). Testimony on same topic (Sept. 20, 1989, GAO/T-HRD-89-27).

Mental Health: Prevention of Mental Disorders and Research on Stress-Related Disorders (Report, Sept. 12, 1989, GAO/HRD-89-97).

AIDS Education: Staffing and Funding Problems Impair Progress (Report, July 28, 1989, GAO/HRD-89-124).

Health Care: Nine States' Experiences With Home Care Waivers (Report, July 14, 1989, GAO/HRD-89-95).

Health Care: Children's Medical Services Programs in 10 States (Report, July 14, 1989, GAO/HRD-89-81).

Child Care: Selected Bibliography (Report, July 11, 1989, GAO/HRD-89-98FS).

Teenage Smoking: Higher Excise Tax Should Significantly Reduce the Number of Smokers (Report, June 30, 1989, GAO/HRD-89-119).

Health Care: Home Care Experiences of Families With Chronically Ill Children (Report, June 20, 1989, GAO/HRD-89-73).

AIDS Forecasting: Undercount of Cases and Lack of Key Data Weaken Existing Estimates (Report, June 1, 1989, GAO/PEMD-89-13).

Mental Health: Funds Needed for Future Planning Activities (Report, Apr. 28, 1989, GAO/HRD-89-94).

Pediatric AIDS: Health and Social Service Needs of Infants and Children (Report, May 5, 1989, GAO/HRD-89-96).

Public Health: Centers for Disease Control Staffing for AIDS and Other Programs (Report, Apr. 27, 1989, GAO/HRD-89-65).

AIDS Education: Issues Affecting Counseling and Testing Programs (Report, Feb. 3, 1989, GAO/HRD-89-39).

AIDS Education: Activities Aimed at the General Public Implemented Slowly (Report, Dec. 16, 1988, GAO/HRD-89-21).

Health Care: Availability in the Texas-Mexico Border Area (Report, Oct. 26, 1988, GAO/HRD-89-12).

AIDS Education: Reaching Populations at Higher Risk (Report, Sept. 16, 1988, GAO/PEMD-88-35).

Homeless Mentally Ill: Problems and Options in Estimating Numbers and Trends (Report, Aug. 3, 1988, GAO/PEMD-88-24).

Issues Concerning CDC's AIDS Education Programs (Testimony, June 8, 1988, GAO/T-HRD-88-18).

AIDS Education: Printing and Distribution of the Surgeon General's Report (Report, Apr. 27, 1988, GAO/HRD-88-80FS).

Health and Nutrition: Collection of Vital Statistical Data on Hispanics (Report, Mar. 18, 1988, GAO/HRD-88-68BR).

Health Quality and Practice Standards

Utilization Review: Information on External Review Organizations (Report, Nov. 24, 1992, GAO/HRD-93-22FS).

Health Care: Reduction in Resident Physician Work Hours Will Not Be Easy to Attain (Report, Nov. 20, 1992, GAO/HRD-93-24BR).

Home Health Care: HCFA Properly Evaluated JCAHO's Ability to Survey Home Health Agencies (Report, Oct. 26, 1992, GAO/HRD-93-33).

AIDS: CDC's Investigation of HIV Transmissions by a Dentist (Report, Sept. 29, 1992, GAO/PEMD-92-31).

Medical Technology: For Some Cardiac Pacemaker Leads, the Public Health Risks Are Still High (Report, Sept. 23, 1992, GAO/PEMD-92-20).

Health Care: Most Community and Migrant Health Center Physicians Have Hospital Privileges (Report, July 16, 1992, GAO/HRD-92-98).

Screening Mammography: Federal Quality Standards Are Needed (Testimony, June 5, 1992, GAO/T-HRD-92-39).

Home Health Care: HCFA Evaluation of Community Health Accreditation Program Inadequate (Report, Apr. 20, 1992, GAO/HRD-92-93).

Cross Design Synthesis: A New Strategy for Medical Effectiveness Research (Report, Mar. 17, 1992, GAO/PEMD-92-18).

Medical Technology: Quality Assurance Needs Stronger Management Emphasis and Higher Priority (Report, Feb. 13, 1992, GAO/PEMD-92-10).

VA Health Care: Compliance With Joint Commission Accreditation Requirements Is Improving (Report, Dec. 13, 1991, GAO/HRD-92-19).

Breast Cancer, 1971-91: Prevention, Treatment, and Research (Report, Dec. 11, 1991, GAO/PEMD-92-12). Testimony on same topic (Dec. 11, 1991, GAO/T-PEMD-92-4).

Screening Mammography: Quality Standards Are Needed in a Developing Market (Testimony, Oct. 24, 1991, GAO/T-HRD-92-3).

Health Care: Actions to Terminate Problem Hospitals From Medicare Are Inadequate (Report, Sept. 5, 1991, GAO/HRD-91-54).

Peace Corps: Long-Needed Improvements to Volunteers' Health Care System (Report, July 3, 1991, GAO/NSIAD-91-213).

Health Care: Hospitals With Quality-of-Care Problems Need Closer Monitoring (Report, May 9, 1991, GAO/HRD-91-40).

Health Care: Limited State Efforts to Assure Quality of Care Outside Hospitals (Testimony, Apr. 29, 1991, GAO/T-HRD-91-20).

Medicare: PRO Review Does Not Assure Quality of Care Provided by Risk HMOs (Testimony, Mar. 13, 1991, GAO/T-HRD-91-12). Report on same topic (Mar. 12, 1991, GAO/HRD-91-48).

Practice Guidelines: The Experience of Medical Specialty Societies (Report, Feb. 21, 1991, GAO/PEMD-91-11).

Medical ADP Systems: Automated Medical Records Hold Promise to Improve Patient Care (Report, Jan. 22, 1991, GAO/IMTEC-91-5).

Information Systems: National Health Practitioner Data Bank Has Not Been Well Managed (Report, Aug. 21, 1990, GAO/IMTEC-90-68).

Medicare Appeals Process: Part B Changes Appear to Be Fulfilling Their Purpose (Report, July 16, 1990, GAO/HRD-90-57).

HCFA Needs Better Assurance That Hospitals Meet Medicare Conditions of Participation (Testimony, June 21, 1990, GAO/T-HRD-90-44).

Health Care: Criteria Used to Evaluate Hospital Accreditation Process Need Reevaluation (Report, June 11, 1990, GAO/HRD-90-89).

Medical Licensing By Endorsement: Requirements Differ for Graduates of Foreign and U.S. Medical Schools (Report, May 17, 1990, GAO/HRD-90-120).

Infection Control: Military Programs Are Comparable to VA and Nonfederal Programs but Can Be Enhanced (Report, Apr. 27, 1990, GAO/HRD-90-74).

Medicare and Medicaid: More Information Exchange Could Improve Detection of Substandard Care (Report, Mar. 7, 1990, GAO/HRD-90-29).

Quality Assurance: A Comprehensive National Strategy for Health Care Is Needed (Report, Feb. 21, 1990, GAO/PEMD-90-14BR).

Health Care: Limited State Efforts to Assure Quality of Care Outside Hospitals (Report, Jan. 30, 1990, GAO/HRD-90-53).

Screening Mammography: Low Cost Services Do Not Compromise Quality (Report, Jan. 10, 1990, GAO/HRD-90-32).

Basic Elements of an Infection Control Program (Report, Jan. 1990, GAO/HRD-90-25).

Medicare: Improvements Needed in the Identification of Inappropriate Hospital Care (Report, Dec. 20, 1989, GAO/PEMD-90-7).

Human Embryo Laboratories: Standards Favored to Ensure Quality (Report, Dec. 24, 1989, GAO/HRD-90-24).

VA Health Care: Efforts to Assure Quality of Care in State Homes (Report, Nov. 27, 1989, GAO/HRD-90-40).

Medicare: Assuring the Quality of Home Health Services (Report, Oct. 10, 1989, GAO/HRD-90-7).

Medicaid: Federal Oversight of Kansas Facility for the Retarded Inadequate (Report, Sept. 29, 1989, GAO/HRD-89-85).

Health Care: Initiatives in Hospital Risk Management (Report, July 18, 1989, GAO/HRD-89-79).

Prescription Drugs: HCFA's Proposed Drug Utilization Review System Ignores Quality of Care Issues (Report, July 13, 1989, GAO/PEMD-89-26BR).

Medicare: Physician Incentive Payments by Prepaid Health Plans Could Lower Quality of Care (Testimony, Apr. 25, 1989, GAO/T-HRD-89-19). Report on same topic (Dec. 12, 1988, GAO/HRD-89-29).

Breast Cancer: Patients' Survival (Report, Feb. 28, 1989, GAO/PEMD-89-9).

VA Hospital Care: A Comparison of VA and HCFA Methods for Analyzing Patient Outcomes (Report, June 30, 1988, GAO/PEMD-88-29).

Medicare: Improved Patient Outcome Analyses Could Enhance Quality Assessment (Report, June 27, 1988, GAO/PEMD-88-23).

Medicare: Improving Quality of Care Assessment and Assurance (Report, May 2, 1988, GAO/PEMD-88-10).

The Use of Breakthrough Treatments for Seven Types of Cancer (Report, Jan. 25, 1988, GAO/PEMD-88-12BR).

Long-Term Care and Aging

Long-Term Care Insurance Partnerships (Letter, Sept. 25, 1992, GAO/HRD-92-44R).

Elderly Americans: Nutrition Information Is Limited and Guidelines Are Lacking (Testimony, July 30, 1992, GAO/T-PEMD-92-11).

Public/Private Elder Care Partnerships: Balancing Benefit and Risk (Testimony, July 9, 1992, GAO/T-HRD-92-45). Report on same topic (July 7, 1992, GAO/HRD-92-94).

Elderly Americans: Health, Housing, and Nutrition Gaps Between the Poor and Nonpoor (Report, June 24, 1992, GAO/PEMD-92-29). Testimony on same topic (June 24, 1992, GAO/T-PEMD-92-10).

Long-Term Care Insurance: Actions Needed to Reduce Risks to Consumers (Testimony, June 23, 1992, GAO/T-HRD-92-44). Reports on same topic (Mar. 27, 1992, GAO/HRD-92-66 and Dec. 26, 1991, GAO/HRD-92-14). Testimonies on same topic (May 20, 1992, GAO/T-HRD-92-31 and Apr. 11, 1991, GAO/T-HRD-91-14).

Board and Care Homes: Medication Mishandling Places Elderly at Risk (Testimony, Mar. 13, 1992, GAO/T-HRD-92-16). Report on same topic (Feb. 7, 1992, GAO/HRD-92-45).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1991 (Report, Dec. 17, 1991, GAO/HRD-92-57).

Long-Term Care Insurance: Consumers Lack Protection in a Developing Market (Testimony, Oct. 24, 1991, GAO/T-HRD-92-5).

Administration on Aging: More Federal Action Needed to Promote Service Coordination for the Elderly (Report, Sept. 23, 1991, GAO/HRD-91-45).

Long-Term Care: Projected Needs of the Aging Baby Boom Generation (Report, June 14, 1991, GAO/HRD-91-86).

Elder Abuse: Effectiveness of Reporting Laws and Other Factors (Report, Apr. 24, 1991, GAO/HRD-91-74).

Long-Term Care Insurance: Risks to Consumers Should Be Reduced (Testimony, Apr. 11, 1991, GAO/T-HRD-91-14).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1990 (Report, Dec. 14, 1990, GAO/HRD-91-47).

Long-Term Care Insurance: Proposals to Link Private Insurance and Medicaid Need Close Scrutiny (Testimony, Sept. 14, 1990, GAO/T-HRD-90-55). Report on same topic (Sept. 10, 1990, GAO/HRD-90-154).

Respite Care: An Overview of Federal, Selected State and Private Programs (Report, Sept. 6, 1990, GAO/HRD-90-125).

Nursing Homes: Admission Problems for Medicaid Recipients and Attempts to Solve Them (Report, Sept. 5, 1990, GAO/HRD-90-135).

VA Health Care: Improvements Needed in Nursing Home Planning (Report, June 12, 1990, GAO/HRD-90-98).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1989 (Report, Jan. 12, 1990, GAO/HRD-90-56).

In-Home Services for the Elderly: Cost Sharing Expands Range of Services Provided and Population Served (Report, Oct. 23, 1989, GAO/HRD-90-19).

Long-Term Care Insurance: State Regulatory Requirements Provide Inconsistent Consumer Protection (Report, Apr. 24, 1989, GAO/HRD-89-67).

Respite Care: Insights on Federal, State, and Private Sector Involvement (Testimony, Apr. 6, 1989, GAO/T-HRD-89-12).

Board and Care: Insufficient Assurances That Residents' Needs Are Identified and Met (Report, Feb. 10, 1989, GAO/HRD-89-50).

Aging Issues: Related GAO Reports and Activities in Fiscal Year 1988 (Report, Jan. 26, 1989, GAO/HRD-89-38).

Long-Term Care for the Elderly: Issues of Need, Access, and Cost (Report, Nov. 28, 1988, GAO/HRD-89-4).

Substance Abuse and Drug Treatment

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, July 21, 1992, GAO/HRD-92-115).

Employee Drug Testing: Estimated Cost to Test All Executive Branch Employees and New Hires (Report, June 10, 1992, GAO/GGD-92-99).

Drug Control: Difficulties in Denying Federal Benefits to Convicted Drug Offenders (Report, Apr. 21, 1992, GAO/GGD-92-56).

Drug Education: Rural Programs Have Many Components and Most Rely Heavily on Federal Funds (Report, Jan. 31, 1992, GAO/HRD-92-34).

Adolescent Drug Use Prevention: Common Features of Promising Community Programs (Report, Jan. 16, 1992, GAO/PEMD-92-2).

Drug Abuse Research: Federal Funding and Future Needs (Report, Jan. 14, 1992, GAO/PEMD-92-5). Testimony on same topic (Sept. 25, 1991, GAO/T-PEMD-91-14).

ADMS Block Grant: Drug Treatment Services Could Be Improved by New Accountability Program (Report, Oct. 17, 1991, GAO/HRD-92-27). Testimony on same topic (Oct. 17, 1991, GAO/T-HRD-92-4).

Drug Abuse Research: Federal Funding and Future Needs (Testimony, Sept. 25, 1991, GAO/T-PEMD-91-14).

Drug Treatment: State Prisons Move to Enhance Treatment (Report, Sept. 20, 1991, GAO/HRD-91-128).

Drug Treatment: Despite New Strategy, Few Federal Inmates Receive Treatment (Report, Sept. 16, 1991, GAO/HRD-91-116).

Drug Abuse Prevention: Federal Efforts to Identify Exemplary Programs Need Stronger Design (Report, Aug. 22, 1991, GAO/PEMD-91-15).

Substance Abuse Funding: High Urban Weight Not Justified by Urban-Rural Differences in Need (Testimony, June 25, 1991, GAO/T-HRD-91-38).

Substance Abuse Treatment: Medicaid Allows Some Services but Generally Limits Coverage (Report, June 13, 1991, GAO/HRD-91-92).

Promising Community Drug Abuse Prevention Programs (Testimony, May 17, 1991, GAO/T-PEMD-91-7).

ADMS Block Grant: Women's Set-Aside Does Not Assure Drug Treatment for Pregnant Women (Report, May 6, 1991, GAO/HRD-91-80). Testimony on same topic (June 20, 1991, GAO/T-HRD-91-37).

Employee Drug Testing: Status of Federal Agencies' Programs (Report, May 6, 1991, GAO/GGD-91-70).

Alcoholism Screening Procedures at VA Medical Centers (Testimony, Apr. 18, 1991, GAO/T-HRD-91-15). Report on same topic (Mar. 27, 1991, GAO/HRD-91-71).

Drug Abuse: The Crack Cocaine Epidemic: Health Consequences and Treatment (Report, Jan. 30, 1991, GAO/HRD-91-55FS).

Teenage Drug Use: Uncertain Linkages With Either Pregnancy or School Dropout (Report, Jan. 15, 1991, GAO/PEMD-91-3).

Drug Education: School-Based Programs Seen as Useful but Impact Unknown (Report, Nov. 28, 1990, GAO/HRD-91-27).

Drug Treatment: Targeting Federal Aid Using Urban Population to Reflect State Differences in Drug Use (Report, Nov. 27, 1990, GAO/HRD-91-17).

Drug Abuse: Research on Treatment May Not Address Current Needs (Testimony, Oct. 10, 1990, GAO/T-HRD-91-3).

Rural Drug Abuse: Prevalence, Relation to Crime, and Programs (Report, Sept. 14, 1990, GAO/PEMD-90-24).

Drug Abuse: Research on Treatment May Not Address Current Needs (Report, Sept. 12, 1990, GAO/HRD-90-114).

Developing a Federal Drug Budget: Implementing the Anti-Drug Abuse Act of 1988 (Report, Aug. 23, 1990, GAO/GGD-90-104).

Drug-Exposed Infants: A Generation at Risk (Testimony, June 28, 1990, GAO/T-HRD-90-46). Report on same topic (June 28, 1990, GAO/HRD-90-138).

Illegal Drugs: Observations and Selected Data Concerning Portland, Maine (Report, May 14, 1990, GAO/GGD-90-86).

HHS Cannot Currently Measure States' Programs in Meeting the Prompt Treatment Goal for Intravenous Drug Users (Testimony, Apr. 30, 1990, GAO/T-HRD-90-25).

Drug Treatment: Some Clinics Not Meeting Goal of Prompt Treatment for Intravenous Drug Users (Report, Apr. 30, 1990, GAO/HRD-90-80BR).

Drug Testing: Action by Certain Agencies When Employees Test Positive for Illegal Drugs (Report, Apr. 6, 1990, GAO/GGD-90-56FS).

Methadone Maintenance: Some Treatment Programs Are Not Effective; Greater Federal Oversight Needed (Testimony, Mar. 23, 1990, GAO/T-HRD-90-19). Report on same topic (Mar. 22, 1990, GAO/HRD-90-104).

Drug Testing: Management Problems and Legal Challenges Facing DOT's Industry Programs (Report, Nov. 27, 1989, GAO/RCED-90-31).

Substance Abuse and Mental Health: Hold Harmless Provisions Prevent More Equitable Distribution of Federal Assistance Among States (Testimony, Oct. 30, 1989, GAO/T-HRD-90-3).

Drug Misuse: Anabolic Steroids and Human Growth Hormone (Report, Aug. 18, 1989, GAO/HRD-89-109).

Preliminary Findings: A Survey of Methadone Maintenance Programs (Testimony, Aug. 2, 1989, GAO/T-HRD-89-33).

Alcohol Warning Labels: Current Rules May Allow Health Warnings to Go Unnoticed (Report, June 14, 1989, GAO/HRD-89-118).

Anti-Drug Abuse Act of 1986: Time Taken by States to Draw Down Formula Grant Funds (Report, June 2, 1989, GAO/GGD-89-78).

Drug Testing: Federal Agency Plans for Testing Employees (Report, Mar. 1, 1989, GAO/GGD-89-51).

Employee Drug Testing: Regulation of Drug Testing Laboratories (Report, Sept. 2, 1988, GAO/GGD-88-127FS).

Controlled Substances: Medicaid Data May Be Useful for Monitoring Diversion (Report, Aug. 1, 1988, GAO/HRD-88-111).

Federal Employee Drug Testing (Testimony, June 16, 1988, GAO/T-GGD-88-40).

Employee Drug Testing (Testimony, Apr. 21, 1988, GAO/T-GGD-88-14).

Employee Drug Testing: Information on Private Sector Programs (Report, Mar. 2, 1988, GAO/GGD-88-32).

Controlling Drug Abuse: A Status Report (Report, Mar. 1988, GAO/GGD-88-39).

Removal of Breast Implants (Letter, Dec. 7, 1992, GAO/HRD-93-5R).

VA Health Care: Closure and Replacement of the Medical Center in Martinez, California (Report, Dec. 1, 1992, GAO/HRD-93-15).

Veterans' Benefits: Availability of Benefits in American Samoa (Report, Nov. 18, 1992, GAO/HRD-93-16).

Defense Health Care: Physical Exams and Dental Care Following the Persian Gulf War (Report, Oct. 15, 1992, GAO/HRD-93-5).

VA Health Care: Use of Private Providers Should Be Better Controlled (Report, Sept. 28, 1992, GAO/HRD-92-109).

VA Health Care: Verifying Veterans' Reported Income Could Generate Millions in Copayment Revenues (Report, Sept. 15, 1992, GAO/HRD-92-159).

VA Health Care: VA Did Not Thoroughly Investigate All Allegations by the Froelich Trust Group (Report, Sept. 4, 1992, GAO/HRD-92-141).

Operation Desert Storm: Full Army Medical Capability Not Achieved (Report, Aug. 18, 1992, GAO/NSIAD-92-175). Testimony on same topic (Feb. 5, 1992, GAO/T-NSIAD-92-8).

VA Health Care: Offsetting Long-Term Care Costs by Adopting State Copayment Practices (Report, Aug. 12, 1992, GAO/HRD-92-96).

VA Health Care: Demonstration Project Concerning Future Structure of Veterans' Health Program (Testimony, Aug. 11, 1992, GAO/T-HRD-92-53).

VA Health Care: Inadequate Controls Over Scarce Medical Specialist Contracts (Testimony, Aug. 5, 1992, GAO/T-HRD-92-50). Report on same topic (July 29, 1992, GAO/HRD-92-114).

VA Health Care: Role of the Chief of Nursing Service Should Be Elevated (Report, Aug. 4, 1992, GAO/HRD-92-74).

VA Health Care for Women: Despite Progress, Improvements Needed (Testimony, July 2, 1992, GAO/T-HRD-92-33). Testimony on same topic (June 19, 1992, GAO/T-HRD-92-42). Report on same topic (Jan. 23, 1992, GAO/HRD-92-23).

VA Health Care: Alternative Health Insurance Reduces Demand for VA Health Care (Report, June 30, 1992, GAO/HRD-92-79).

VA Health Care: Copayment Exemption Procedures Should be Improved (Report, June 24, 1992, GAO/HRD-92-77).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, June 11, 1992, GAO/HRD-92-111).

VA Health Care: Efforts to Improve Pharmacies' Controls Over Addictive Drugs (Testimony, June 10, 1992, GAO/T-HRD-92-38).

VA Health Care: The Quality of Care Provided by Some VA Psychiatric Hospitals Is Inadequate (Testimony, June 3, 1992, GAO/T-HRD-92-37). Report on same topic (Apr. 22, 1992, GAO/HRD-92-17).

Health Care: VA's Implementation of the Nurse Pay Act of 1990 (Testimony, June 3, 1992, GAO/T-HRD-92-35).

Medical ADP Systems: Composite Health Care System Is Not Ready to Be Deployed (Report, May 20, 1992, GAO/IMTEC-92-54).

Army Force Structure: Plans to Restructure and Reduce Medical Corps (Testimony, May 1, 1992, GAO/T-NSIAD-92-37).

Defense Health Care: Efforts to Manage Mental Health Care Benefits to CHAMPUS Beneficiaries (Testimony, Apr. 28, 1992, GAO/T-HRD-92-27).

Defense Health Care: Obstacles in Implementing Coordinated Care (Testimony, Apr. 7, 1992, GAO/T-HRD-92-24).

Health Care: Readiness of U.S. Contingency Hospital Systems to Treat War Casualties (Testimony, Mar. 25, 1992, GAO/T-HRD-92-17).

VA Health Care: VA Plans Will Delay Establishment of Hawaii Medical Center (Report, Feb. 25, 1992, GAO/HRD-92-41).

VA Health Care: Modernizing VA's Mail-Service Pharmacies Should Save Millions of Dollars (Report, Jan. 22, 1992, GAO/HRD-92-30).

Defense Health Care: Efforts to Address Health Effects of the Kuwait Oil Well Fires (Report, Jan. 9, 1992, GAO/HRD-92-50).

Defense Health Care: Transfers of Military Personnel With Disabled Children (Report, Jan. 9, 1992, GAO/HRD-92-15).

Veterans' Benefits: Savings From Reducing VA Pensions to Medicaid-Supported Nursing Home Residents (Report, Dec. 27, 1991, GAO/HRD-92-32).

VA Health Care: Compliance With Joint Commission Accreditation Requirements Is Improving (Report, Dec. 13, 1991, GAO/HRD-92-19).

DOD Medical Inventory: Reductions Are Possible Through the Use of Commercial Practices (Testimony, Dec. 5, 1991, GAO/T-NSIAD-92-6). Report on same topic (Dec. 5, 1991, GAO/NSIAD-92-58).

Defense Health Care: CHAMPUS Mental Health Benefits Greater Than Those Under Other Health Plans (Report, Nov. 7, 1991, GAO/HRD-92-20).

Defense Health Care: Implementing Coordinated Care—A Status Report (Report, Oct. 3, 1991, GAO/HRD-92-10).

Medical ADP Systems: Changes in Composite Health Care System's Deployment Strategy Are Unwise (Report, Sept. 30, 1991, GAO/IMTEC-91-47).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Health Care for Hawaii Veterans (Testimony, Aug. 16, 1991, GAO/T-HRD-91-45).

VA Health Care: Telephone Service Should Be More Accessible to Patients (Report, July 31, 1991, GAO/HRD-91-110).

Veterans' Benefits: VA Needs to Verify Medical Expenses Claimed by Pension Beneficiaries (Report, July 29, 1991, GAO/HRD-91-94).

Controls Over Addictive Drugs in VA Pharmacies (Testimony, June 19, 1991, GAO/T-HRD-91-36).

VA Health Care: Inadequate Controls Over Addictive Drugs (Testimony, June 19, 1991, GAO/T-HRD-91-101). Report on same topic (June 6, 1991, GAO/HRD-91-101).

Defense Health Care: Health Promotion in DOD and the Challenges Ahead (Report, June 4, 1991, GAO/HRD-91-75).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, May 30, 1991, GAO/HRD-91-84).

DOD's Management of Beneficiaries' Mental Health Care (Testimony, Apr. 24, 1991, GAO/T-HRD-91-18). Testimony on same topic (May 15, 1991, GAO/T-HRD-91-30).

Alcoholism Screening Procedures at VA Medical Centers (Testimony, Apr. 18, 1991, GAO/T-HRD-91-15). Report on same topic (Mar. 27, 1991, GAO/HRD-91-71).

The Military Health Services System—Prospects for the Future (Testimony, Mar. 14, 1991, GAO/T-HRD-91-11).

Defense Health Care: Procurement of an Interactive Videodisc Program for AIDS Education (Report, Feb. 13, 1991, GAO/HRD-91-53).

Medical ADP Systems: Automated Medical Records Hold Promise to Improve Patient Care (Report, Jan. 22, 1991, GAO/IMTEC-91-5).

VA Health Care: Actions in Response to VA's 1989 Mortality Study (Report, Nov. 27, 1990, GAO/HRD-91-26).

Veterans' Benefits: Information on Noncitizen Veterans Receiving VA Disability Compensation (Report, Sept. 12, 1990, GAO/HRD-90-163FS).

Defense Health Care: Potential for Savings by Treating CHAMPUS Patients in Military Hospitals (Report, Sept. 7, 1990, GAO/HRD-90-131).

Military Health Care: Savings to CHAMPUS From Using a Prospective Payment System (Report, July 13, 1990, GAO/HRD-90-136FS).

VA Health Care Cost Recoveries (Testimony, June 20, 1990, GAO/T-HRD-90-40).

VA Health Care: Improvements Needed in Nursing Homc Planning (Report, June 12, 1990, GAO/HRD-90-98).

Veterans' Benefits: Improved Management Needed to Reduce Waiting Time for Appeal Decisions (Report, May 25, 1990, GAO/HRD-90-62).

Infection Control: Military Programs Are Comparable to VA and Nonfederal Programs but Can Be Enhanced (Report, Apr. 27, 1990, GAO/HRD-90-74).

Military Health Care: Recovery of Medical Costs From Liable Third Parties Can Be Improved (Report, Apr. 19, 1990, GAO/NSIAD-90-49).

VA Health Care: Better Procedures Needed to Maximize Collections From Health Insurers (Report, Apr. 6, 1990, GAO/HRD-90-64).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, Apr. 5, 1990, GAO/HRD-90-91).

Access to Medical Care at Overseas Military Hospitals (Testimony, Mar. 29, 1990, GAO/T-HRD-90-20).

VA Health Care: Medical Centers Need to Improve Collection of Veterans' Copayments (Report, Mar. 28, 1990, GAO/HRD-90-77).

Defense Health Care: Military Physicians' Views on Military Medicine (Report, Mar. 22, 1990, GAO/HRD-90-1).

DOD Health Care: Funding Shortfalls in CHAMPUS, Fiscal Years 1985-91 (Report, Mar. 19, 1990, GAO/HRD-90-99BR).

Defense's Acquisition of the Composite Health Care System (Testimony, Mar. 15, 1990, GAO/T-IMTEC-90-4).

Medical ADP Systems: Defense Faces a Difficult Task (Report, Mar. 15, 1990, GAO/IMTEC-90-42).

Potential Expansion of the CHAMPUS Reform Initiatives (Testimony, Mar. 15, 1990, GAO/T-HRD-90-17).

VA Health Care: Veterans' Concerns About Services at Wilmington, Delaware, Center (Report, Feb. 8, 1990, GAO/HRD-90-55BR).

Defense Health Care: Effects of AIDS in the Military (Report, Feb. 26, 1990, GAO/HRD-90-39).

Infection Control: VA Programs Are Comparable to Nonfederal Programs But Can Be Enhanced (Report, Jan. 31, 1990, GAO/HRD-90-27).

VA Health Care: Nursing Issues at the Albuquerque Medical Center Need Attention (Report, Jan. 30, 1990, GAO/HRD-90-65).

VA Health Care: Assessment of Surgical Services at Two Medical Centers in the Southwest (Report, Dec. 14, 1989, GAO/HRD-90-6).

VA Health Care: Efforts to Assure Quality of Care in State Homes (Report, Nov. 27, 1989, GAO/HRD-90-40).

Defense Health Care: Patients' Views on Care They Received (Report, Sept. 13, 1989, GAO/HRD-89-137).

VA Health Care: Improvements Needed in Procedures to Assure Physicians Are Qualified (Report, Aug. 22, 1989, GAO/HRD-89-77).

VA Health Care: Resource Allocation Methodology Has Had Little Impact on Medical Centers' Budgets (Report, Aug. 18, 1989, GAO/HRD-89-93).

Veterans' Benefits: Law Allows Compensation for Disabilities Unrelated to Military Service (Report, July 31, 1989, GAO/HRD-89-60).

Defense Health Care: Workload Reductions at Military Hospitals Have Increased CHAMPUS Costs (Report, July 10, 1989, GAO/HRD-89-47).

Veterans' Benefits: Improvements Needed in Processing Disability Claims (Report, June 22, 1989, GAO/HRD-89-24).

Implementation of the CHAMPUS Reform Initiative (Testimony, June 5, 1989, GAO/T-HRD-89-25).

VA Health Care: Veterans' Demand for Outpatient Care (Report, May 31, 1989, GAO/HRD-89-70).

VA Health Care: Few Veterans Denied Care at Florida Clinics (Report, May 31, 1989, GAO/HRD-89-69).

VA Health Care: Allegations Concerning VA's Patient Mortality Study (Report, May 15, 1989, GAO/HRD-89-80).

Implementation of the CHAMPUS Reform Initiative (Testimony, Apr. 18, 1989, GAO/T-HRD-89-17).

Medical ADP Systems: Composite Health Care System Operational Tests Extended (Report, Apr. 10, 1989, GAO/IMTEC-89-30).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, Mar. 31, 1989, GAO/HRD-89-75).

DOD Health Care: Issues Involving Military Nurse Specialists (Report, Mar. 29, 1989, GAO/HRD-89-20).

Military Physicians' Views on Factors Which Influence Their Career Decisions (Testimony, Mar. 16, 1989, GAO/T-HRD-89-10).

VA Health Care: Language Barriers Between Providers and Patients Have Been Reduced (Report, Mar. 9, 1989, GAO/HRD-89-40).

Military Child Care: Extensive, Diverse, and Growing (Report, Mar. 8, 1989, GAO/HRD-89-3).

Veterans' Benefits: Improvements Needed to Measure the Extent of Errors in VA Claims Processing (Report, Apr. 13, 1989, GAO/HRD-89-9).

DOD Health Care: Extent to Which Military Physicians Perform Administrative Tasks (Report, Feb. 13, 1989, GAO/HRD-89-53).

DOD Health Care: Occurrence Screen Program Undergoing Changes, but Weaknesses Still Exist (Report, Jan. 5, 1989, GAO/HRD-89-36).

Veterans' Benefits: Need to Update Medical Criteria Used in VA's Disability Rating Schedule (Report, Dec. 29, 1988, GAO/HRD-89-28).

DOD Health Care: Requirements for Emergency Services Adequate and Generally Attainable (Report, Sept. 28, 1988, GAO/HRD-88-94).

DOD Health Care: Pediatric and Other Emergency Room Care (Report, Sept. 28, 1988, GAO/HRD-88-113).

Observations on the Military Child Care Program (Testimony, Aug. 2, 1988, GAO/T-HRD-88-28).

DOD Health Care: Additional Efforts Needed to Verify Physicians' Qualifications (Report, July 18, 1988, GAO/HRD-88-39).

Changes in the Delivery of Selected Mental Health Services at Veterans Administration Medical Centers (Testimony, July 14, 1988, GAO/T-HRD-88-22).

Medical ADP Systems: Analysis of Technical Aspects of DOD's Composite Health Care System (Report, July 11, 1988, GAO/IMTEC-88-27).

VA Hospital Care: A Comparison of VA and HCFA Methods for Analyzing Patient Outcomes (Report, June 30, 1988, GAO/PEMD-88-29).

Defense Health Care: Reimbursement of Hospitals Not Meeting CHAMPUS Copayment Requirements (Report, June 1, 1988, GAO/HRD-88-102).

VA Health Care: Monitoring of Cardiac Surgery and Kidney Transplantation (Report, May 26, 1988, GAO/HRD-88-70).

Use of Information Technology in Hospitals (Testimony, May 24, 1988, GAO/T-IMTEC-88-4).

Veterans Administration: Identifying Physicians With License Sanctions - An Incomplete Process (Report, May 13, 1988, GAO/HRD-88-47).

Defense Health Care: Cost of Care at Selected Uniformed Services Treatment Facilities (Report, Mar. 22, 1988, GAO/HRD-88-67).

VA Health Care: Delays in Awarding Major Construction Contracts (Report, Mar. 11, 1988, GAO/HRD-88-74).

Medical ADP Systems: Composite Health Care System—Fair, Reasonable, Supported (Report, Mar. 4, 1988, GAO/IMTEC-88-26).

VA/DOD Health Care: Further Opportunities to Increase the Sharing of Medical Resources (Report, Mar. 1, 1988, GAO/HRD-88-51).

Medical ADP Systems: Composite Health Care System Operational Test and Evaluation Costs (Report, Jan. 28, 1988, GAO/IMTEC-88-18BR).

Information Systems: Veterans Administration Information Resources Management Is Improving (Report, Jan. 27, 1988, GAO/IMTEC-88-17).

Employee and Retiree Health Benefits

Employee Benefits: Financing Health Benefits of Coal Industry Retirees (Report, July 22, 1992, GAO/HRD-92-137FS).

Employee Benefits: Financing Health Benefits of Retired Coal Miners (Report, July 22, 1992, GAO/HRD-92-130FS).

Federal Health Benefits Program: Open Season Processing Timeliness (Report, July 8, 1992, GAO/GGD-92-122BR).

Information on Federal Health Benefits Costs (Letter, June 23, 1992, GAO/GGD-92-18R).

Federal Health Benefits Program (Letter, May 4, 1992, GAO/GGD-92-11R).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Testimony, Mar. 11, 1992, GAO/T-GGD-92-20). Report on same topic (Feb. 12, 1992, GAO/GGD-92-37).

Employee Benefits: States Need Labor's Help Regulating Multiple Employer Welfare Arrangements (Report, Mar. 10, 1992, GAO/HRD-92-40).

Hired Farmworkers: Health and Well-Being at Risk (Report, Feb. 14, 1992, GAO/HRD-92-46).

Federal Health Benefits Program: Stronger Controls Needed to Reduce Administrative Costs (Report, Feb. 12, 1992, GAO/GGD-92-27).

States Need More Department of Labor Help to Regulate Multiple Employer Welfare Arrangements and Correct Problems (Testimony, Sept. 17, 1991, GAO/T-HRD-91-47).

Employee Benefits: Effect of Bankruptcy on Retiree Health Benefits (Report, Aug. 30, 1991, GAO/HRD-91-115).

Veterans' Benefits: VA Needs to Verify Medical Expenses Claimed by Pension Beneficiaries (Report, July 29, 1991, GAO/HRD-91-94).

Farmworkers Face Gaps in Protection and Barriers to Benefits (Testimony, July 17, 1991, GAO/T-HRD-91-40).

Fraud and Abuse: Stronger Controls Needed in Federal Employees Health Benefits Program (Report, July 16, 1991, GAO/GGD-91-95)

Retiree Health: Company-Sponsored Plans Facing Increased Costs and Liabilities (Testimony, May 6, 1991, GAO/T-HRD-91-25).

Employee Benefits: Improvements Needed in Enforcing Health Insurance Continuation Requirements (Report, Dec. 18, 1990, GAO/HRD-91-37).

Disability Programs: Use of Competitive Contracts for Consultative Medical Exams Can Save Millions (Report, Aug. 17, 1990, GAO/HRD-90-141).

Employee Benefits: Trends in Retiree Health Coverage (Testimony, July 27, 1990, GAO/T-HRD-90-51).

Employee Benefits: Extent of Multiemployer Plan Retiree Health Coverage (Report, July 17, 1990, GAO/HRD-90-132).

Veterans Compensation: Medical Reports Adequate for Initial Disability Ratings But Need to Be More Timely (Report, May 30, 1990, GAO/HRD-90-115).

Employee Benefits: Extent of Companies' Retiree Health Coverage (Report, Mar. 28, 1990, GAO/HRD-90-92).

Black Lung Program: Further Improvements Can Be Made in Claims Adjudication (Report, Mar. 21, 1990, GAO/HRD-90-75).

Federal Compensation: Premium Taxes Paid by the Health Benefits Program (Report, Aug. 8, 1989, GAO/GGD-89-102).

Employee Benefits: Companies' Retiree Health Liabilities Large, Even With Medicare Catastrophic Insurance Savings (Testimony, June 14, 1989, GAO/T-HRD-89-29).

Employee Benefits: Companies' Retiree Health Liabilities Large, Advance Funding Costly (Report, June 14, 1989, GAO/HRD-89-51).

Parental Leave: Revised Cost Estimate Reflecting the Impact of Spousal Leave (Report, Apr. 6, 1989, GAO/HRD-89-68).

U.S. Employees' Health Benefits: Rebate for Duplicate Medicare Coverage (Report, Mar. 23, 1989, GAO/HRD-89-58).

U.S. Employees' Health Benefits: Independent Agencies Offering Their Own Health Plans (Report, Mar. 2, 1989, GAO/HRD-89-49).

Health Insurance: Bibliography of Studies on Health Benefits for the Uninsured (Report, Feb. 24, 1989, GAO/HRD-89-27FS).

Federal Health Benefits Program (Testimony, May 24, 1989, GAO/T-GGD-89-26).

U.S. Employees Health Benefits: Independent Agencies Offering Their Own Health Plans (Report, Mar. 2, 1989, GAO/HRD-89-49).

GAO's Cost Estimate of the Family and Medical Leave Act of 1989 (Testimony, Feb. 7, 1989, GAO/T-HRD-89-4). Testimony on same topic (Feb. 2, 1989, GAO/T-HRD-89-3).

Employee Benefits: Company Actions to Limit Retiree Health Costs (Report, Feb. 1, 1989, GAO/HRD-89-31BR).

U.S. Employees' Health Benefits: Status of Contractor's Nonlegislative Recommendations to Reduce Costs (Report, Dec. 19, 1988, GAO/HRD-89-6).

Federal Compensation: Recovery of Improper Health Benefits Charges Needed (Report, Dec. 13, 1988, GAO/GGD-89-27).

Parental Leave: Estimated Cost of Revised Parental and Medical Leave Act Proposal (Report, Sept. 27, 1988, GAO/HRD-88-132).

Future Security of Retirees' Health Benefits in Question (Testimony, Sept. 15, 1988, GAO/T-HRD-88-30).

Parental Leave: Estimated Costs of Revised Parental and Medical Leave Act (Report, May 26, 1988, GAO/HRD-88-103).

Government Contractors: Criteria Needed for Allowable Employee Health Care Costs (Report, May 12, 1988, GAO/HRD-88-27). Testimony on same topic (Mar. 16, 1988, GAO/T-HRD-88-12).

Other Health Issues

Environmental Impact on Health

Nuclear Health and Safety: Mortality Study of Atmospheric Nuclear Test Participants Is Flawed (Report, Aug. 10, 1992, GAO/RCED-92-182).

International Environment: Kuwaiti Oil Fires - Chronic Health Risks Unknown but Assessments Are Under Way (Report, Jan. 16, 1992, GAO/RCED-92-80BR).

Nuclear Health and Safety: Workers' Compensation Rights Protected at Hanford (Report, Sept. 10, 1991, GAO/RCED-91-203).

Superfund: Public Health Assessments Incomplete and of Questionable Value (Report, Aug. 1, 1991, GAO/RCED-91-178).

Nuclear Health and Safety: Environmental, Health and Safety Practices at Naval Reactors Facilities (Report, Aug. 1, 1991, GAO/RCED-91-157). Testimony on same topic (Apr. 25, 1991, GAO/T-RCED-91-24).

Nuclear Health and Safety: More Attention to Health and Safety Needed at Pantex (Report, Apr. 15, 1991, GAO/RCED-91-103).

Nuclear Safety and Health: Nonconforming Products Are a Governmentwide Problem (Testimony, Mar. 6, 1991, GAO/T-RCED-91-9).

Nuclear Health and Safety: Environmental Problems at DOE's Idaho Engineering Laboratory (Report, Feb. 12, 1991, GAO/RCED-91-56).

Nuclear Health and Safety: Efforts to Strengthen DOE's Health and Epidemiology Programs (Report, Feb. 5, 1991, GAO/RCED-91-57).

Nuclear Safety and Health: Problems With Cleaning Up the Solar Ponds at Rocky Flats (Report, Jan. 3, 1991, GAO/RCED-91-31).

EPA Lacks Assurance That Disinfectants Kill Germs (Testimony, Oct. 2, 1990, GAO/T-RCED-91-1). Report on same topic (Aug. 30, 1990, GAO/RCED-90-139).

Observations on Infectious Waste Management (Testimony, July 25, 1989, GAO/T-RCED-89-55).

Infectious Waste: Federal Health Care Facilities' Handling and Disposal Practices (Report, May 19, 1989, GAO/HRD-89-84).

Groundwater Conditions at Many Hazardous Waste Disposal Facilities Remain Uncertain (Testimony, Apr. 27, 1989, GAO/T-RCED-89-30).

Environmental Protection Agency: Protecting Human Health and the Environment Through Improved Management (Report, Aug. 16, 1988, GAO/RCED-88-101).

Asbestos: Growth of Federal Claims, Court Cases, and Litigation Costs (Report, Apr. 21, 1988, GAO/HRD-88-53).

Food and Drug Administration

Women's Health: FDA Needs to Ensure More Study of Gender Differences in Prescription Drug Testing (Report, Oct. 29, 1992, GAO/HRD-93-17).

Food Safety and Quality: FDA Strategy Needed to Address Animal Drug Residues in Milk (Report, Aug. 5, 1992, GAO/RCED-92-209).

Over the Counter Drugs: Gaps and Potential Vulnerabilities in the Regulatory System (Testimony, Apr. 28, 1992, GAO/T-PEMD-92-8). Report on same topic (Jan. 10, 1992, GAO/PEMD-92-9).

Nonprescription Drugs: Over the Counter and Underemphasized (Testimony, Apr. 8, 1992, GAO/T-PEMD-92-5).

FDA Premarket Approval: Process of Approving Olestra as a Food Additive (Report, Apr. 7, 1992, GAO/HRD-92-86).

FDA Premarket Approval: Process of Approving Ansaid as a Drug (Report, Apr. 7, 1992, GAO/HRD-92-85).

FDA Regulations: Sustained Management Attention Needed to Improve Timely Issuance (Testimony, Apr. 1, 1992, GAO/T-HRD-92-19). Report on same topic (Feb. 21, 1992, GAO/HRD-92-35).

Medical Technology: Implementing the Good Manufacturing Practices Regulations (Testimony, Mar. 25, 1992, GAO/T-PEMD-92-6). Report on same topic (Feb. 13, 1992, GAO/PEMD-92-10).

Food Safety and Quality: FDA Needs Stronger Controls Over the Approval Process for New Animal Drugs (Report, Jan. 17, 1992, GAO/RCED-92-63).

Freedom of Information: FDA's Program and Regulations Need Improvement (Report, Oct. 11, 1991, GAO/HRD-92-2).

Food Safety and Quality: Existing Detection and Control Programs Minimize Aflatoxin (Report, May 22, 1991, GAO/RCED-91-109).

FDA Could Do More to Ensure the Safety of Bottled Water (Testimony, Apr. 10, 1991, GAO/T-RCED-91-29).

Food Safety and Quality: FDA Surveys Not Adequate to Demonstrate Safety of Milk Supply (Report, Nov. 1, 1990, GAO/RCED-91-26).

Food Tampering: Legal Authority Adequate to Deal with Threats (Report, Oct. 31, 1990, GAO/HRD-91-20).

Food Tampering: FDA's Actions on Chilean Fruit Based on Sound Evidence (Report, Sept. 6, 1990, GAO/HRD-90-164).

Food and Drug Administration: GAO's Perspective (Testimony, July 11, 1990, GAO/T-HRD-90-47).

Medical Device Problem Reporting: A Case Study of a Home Apnea Monitor (Testimony, July 17, 1990, GAO/T-PEMD-90-10). Report on same topic (May 31, 1990, GAO/PEMD-90-17).

Food Irradiation: Federal Requirements and Monitoring (Report, May 3, 1990, GAO/HRD-90-118).

FDA Drug Review: Postapproval Risks 1976-1985 (Report, Apr. 26, 1990, GAO/PEMD-90-15).

Cosmetics Regulation: Information on Voluntary Actions Agreed to by FDA and the Industry (Report, Mar. 13, 1990, GAO/HRD-90-58).

Medical Devices: Underreporting of Problems, Backlogged Systems, and Weak Statutory Support (Testimony, Nov. 6, 1989, GAO/T-PEMD-90-3).

Medical Devices: The Public Health at Risk (Testimony, Nov. 6, 1989, GAO/T-PEMD-90-2).

Medical Device Recalls: Examination of Selected Cases (Report, Oct. 19, 1989, GAO/PEMD-90-6).

FDA Resources: Comprehensive Assessment of Staffing, Facilities, and Equipment Needs (Report, Sept. 15, 1989, GAO/HRD-89-142).

Medical Device Recalls: An Overview and Analysis 1983-88 (Report, Aug. 30, 1989, GAO/PEMD-89-15BR).

ADP Planning: FDA's Plans to Improve Processing of Medical Device and Drug Applications (Report, June 13, 1989, GAO/IMTEC-89-58).

Medical Devices: FDA's Implementation of the Medical Device Reporting Regulation (Report, Feb. 17, 1989, GAO/PEMD-89-10).

ADP Systems: FDA Can Reduce Development Risks for its Import Information System (Report, Sept. 30, 1988, GAO/IMTEC-88-42).

FDA's Reviews of New Drugs: Changes Needed in Process for Reviewing and Reporting on Clinical Studies (Report, Sept. 12, 1988, GAO/HRD-88-100).

Medical Devices: FDA's 510(k) Operations Could Be Improved (Report, Aug. 17, 1988, GAO/PEMD-88-14).

Seafood Safety: Seriousness of Problems and Efforts to Protect Consumers (Report, Aug. 10, 1988, GAO/RCED-88-135).

Medical Devices: FDA's Forecasts of Problem Reports and FTEs Under H.R. 4640 (Report, July 11, 1988, GAO/PEMD-88-30).

Medical Malpractice

Practitioner Data Bank: Information on Small Medical Malpractice Payments (Report, July 7, 1992, GAO/IMTEC-92-56).

Medical Malpractice: Alternatives to Litigation (Report, Jan. 10, 1992, GAO/HRD-92-28).

Medical Malpractice: Data on Claims Needed to Evaluate Health Centers' Insurance Alternatives (Report, May 2, 1991, GAO/HRD-91-98).

Medical Malpractice: Few Claims Resolved Through Michigan's Voluntary Arbitration Program (Report, Dec. 27, 1990, GAO/HRD-91-38).

Medical Malpractice: A Continuing Problem With Far-Reaching Implications (Testimony, Apr. 26, 1990, GAO/T-HRD-90-24).

Occupational Safety and Health

Occupational Safety and Health: Uneven Protections Provided to Congressional Employees (Report, Oct. 2, 1992, GAO/HRD-93-1).

Occupational Safety and Health: Improvements Needed in OSHA's Monitoring of Federal Agencies' Programs (Report, Aug. 28, 1992, GAO/HRD-92-97).

Occupational Safety & Health: Worksite Safety and Health Programs Show Promise (Report, May 19, 1992, GAO/HRD-92-68). Testimony on same topic (Feb. 26, 1992, GAO/T-HRD-92-15).

Occupational Safety & Health: Options to Improve Hazard-Abatement Procedures in the Workplace (Report, May 12, 1992, GAO/HRD-92-105).

Occupational Safety & Health: Employers' Experiences in Complying With the Hazard Communication Standard (Report, May 8, 1992, GAO/HRD-92-63BR).

Occupational Safety & Health: Penalties for Violations Are Well Below Maximum Allowable Penalties (Report, Apr. 6, 1992, GAO/HRD-92-48).

Occupational Safety & Health: OSHA Action Needed to Improve Compliance With Hazard Communication Standard (Report, Nov. 26, 1991, GAO/HRD-92-8).

Occupational Safety & Health: Worksite Programs and Committees (Testimony, Nov. 5, 1991, GAO/T-HRD-92-9).

Managing Workplace Safety and Health in the Petrochemical Industry (Testimony, Oct. 2, 1991, GAO/T-HRD-92-1).

Occupational Safety & Health: OSHA Policy Changes Needed to Confirm That Employers Abate Serious Hazards (Report, May 8, 1991, GAO/HRD-91-35).

Occupational Safety & Health: Inspectors' Opinions on Improving OSHA Effectiveness (Report, Nov. 14, 1990, GAO/HRD-91-9FS).

Occupational Safety & Health: Options for Improving Safety and Health in the Workplace (Report, Aug. 24, 1990, GAO/HRD-90-66BR).

Occupational Safety & Health: Assuring Accuracy in Employer Injury and Illness Records (Report, Dec. 30, 1988, GAO/HRD-89-23).

Prescription Drugs

Prescription Drugs: Companies Typically Charge More in the United States Than in Canada (Report, Sept. 30, 1992, GAO/HRD-92-110).

Prescription Drugs: Changes in Prices for Selected Drugs (Report, Aug. 24, 1992, GAO/HRD-92-128).

Medicaid Prescription Drug Diversion: A Major Problem, But State Approaches Offer Some Promise (Testimony, July 29, 1992, GAO/T-HRD-92-48).

Prescription Drug Monitoring: States Can Readily Identify Illegal Sales and Use of Controlled Substances (Report, July 21, 1992, GAO/HRD-92-115).

Pharmaceutical Industry: Tax Benefits of Operating in Puerto Rico (Report, May 4, 1992, GAO/GGD-92-72BR).

Off-Label Drugs: Reimbursement Policies Constrain Physicians in Their Choice of Cancer Therapies (Report, Sept. 27, 1991, GAO/PEMD-91-4).

Medicaid: Changes in Drug Prices Paid by VA and DOD Since Enactment of Rebate Provisions (Report, Sept. 18, 1991, GAO/HRD-91-139).

Prescription Drugs: Selected Direct-to-Consumer Advertising Studies Have Methodological Flaws (Report, July 22, 1991, GAO/PEMD-91-20).

Prescription Drugs: Little Is Known About the Effects of Direct-to-Consumer Advertising (Report, July 9, 1991, GAO/PEMD-91-19).

Off-Label Drugs: Initial Results of a National Survey (Report, Feb. 25, 1991, GAO/PEMD-91-12BR).

Drug Utilization Review Under Medicare (Testimony, Aug. 1, 1989, GAO/T-PEMD-89-5).

Prescription Drugs: HCFA's Proposed Drug Utilization Review System Ignores Quality of Care Issues (Report, July 13, 1989, GAO/PEMD-89-26BR).

Prescription Drugs: Information on Selected Drug Utilization Review Systems (Report, May 24, 1989, GAO/PEMD-89-18).

Research

University Research: Controlling Inappropriate Access to Federally Funded Research Results (Report, May 4, 1992, GAO/RCED-92-104).

Drug Abuse Research: Federal Funding and Future Needs (Testimony, Sept. 25, 1991, GAO/T-PEMD-91-14).

Health Services: Available Research Shows That Capacity Is Only Weakly Related to Volume (Report, Jan. 31, 1991, GAO/PEMD-91-7).

Army Biomedical Research: Concerns About Performance of Brain-Wound Research (Report, Dec. 12, 1990, GAO/HRD-91-30).

Mental Health: Prevention of Mental Disorders and Research on Stress-Related Disorders (Report, Sept. 12, 1989, GAO/HRD-89-97).

AIDS Research: NIH Review Process and Outcome of Applications for Grants and Contracts (Report, Feb. 3, 1989, GAO/HRD-89-17).

HCFA Research: Agency Practices and Other Factors Threaten Quality of Mandated Studies (Report, June 3, 1988, GAO/PEMD-88-9).

Research Animals: Federal Costs for Care of the Silver Spring Monkeys (Report, June 3, 1988, GAO/HRD-88-89).

Biomedical Research: Issues Related to Increasing Size of NIH Grant Awards (Report, May 6, 1988, GAO/HRD-88-90BR).

Tinnitus: Federal Agencies' Research and Treatment Activities (Report, Mar. 3, 1988, GAO/HRD-88-50FS).

Social Security Disability

Social Security: Racial Difference in Disability Decisions Warrants Further Investigation (Testimony, Sept. 22, 1992, GAO/T-HRD-92-41). Report on same topic (Apr. 21, 1992, GAO/HRD-92-56).

Social Security Disability: Action Needed to Improve Use of Medical Experts at Hearings (Report, May 20, 1991, GAO/HRD-91-68).

Social Security: Reforms in the Disability Determination and Appeals Process (Testimony, May 2, 1991, GAO/T-HRD-91-24).

Disability Programs: Use of Competitive Contracts for Consultative Medical Exams Can Save Millions (Report, Aug. 17, 1990, GAO/HRD-90-141).

Social Security: Employment and Health Status of Social Security Denied Applicants (Testimony, July 17, 1990, GAO/T-HRD-90-48).

Social Security: SSA Could Save Millions by Targeting Reviews of State Disability Decisions (Report, Mar. 5, 1990, GAO/HRD-90-28).

Social Security Disability: Denied Applicants' Health and Financial Status Compared With Beneficiaries (Report, Nov. 6, 1989, GAO/HRD-90-2).

Social Security: Selective Face-to-Face Interviews With Disability Claimants Could Reduce Appeals (Report, Apr. 20, 1989, GAO/HRD-89-22).

Social Security Disability: Implementing the Medical Improvement Review Standard (Report, Sept. 30, 1988, GAO/HRD-88-108BR).

Social Security Disability: Demographic and Economic Characteristics of New Beneficiaries (Report, Jan. 22, 1988, GAO/HRD-88-35BR).

Miscellaneous

Cancer Treatment: Actions Taken to More Fully Utilize the Bark of Pacific Yews on Federal Land (Report, Aug. 31, 1992, GAO/RCED-92-231). Testimony on same topic (Mar. 4, 1992, GAO/T-RCED-92-36).

Food Safety and Quality: USDA Improves Inspection Program for Canadian Meat, But Some Concerns Remain (Report, Aug. 26, 1992, GAO/RCED-92-250).

Financial Reporting: Accounting for the Postal Service's Postretirement Health Care Costs (Report, May 20, 1992, GAO/AFMD-92-32).

Toxic Substances: Federal Programs Do Not Fully Address Some Lead Exposure Issues (Report, May 15, 1992, GAO/RCED-92-186).

Over the Counter Drugs: Gaps and Potential Vulnerabilities in the Regulatory System (Testimony, Apr. 28, 1992, GAO/T-PEMD-92-8).

Nuclear Health and Safety: Increased Rating Results in Award Fee to Rocky Flats Contractor (Report, Apr. 24, 1992, GAO/RCED-92-162).

HHS Staff for Board and Care Issues (Letter, Apr. 1, 1992, GAO/HRD-92-29R).

Financial Audit: U.S. Senate Health Promotion Revolving Fund's Financial Statements for 1990 (Report, Feb. 18, 1992, GAO/AFMD-92-17).

Nuclear Health and Safety: Radiation Events at DOE's Idaho National Engineering Laboratory (Report, Jan. 13, 1992, GAO/RCED-92-64FS).

Medical Residents: Options Exist to Make Student Loan Payments Manageable (Report, Nov. 26, 1991, GAO/HRD-92-21).

Reproductive and Developmental Toxicants: Regulatory Actions Provide Uncertain Protection (Report, Oct. 2, 1991, GAO/PEMD-92-3). Testimony on same topic (Oct. 2, 1991, GAO/T-PEMD-92-1).

Information Resources: HCFA Must Better Justify Further Data Center Expansion (Report, Sept. 5, 1991, GAO/IMTEC-91-65).

Health Care: Antitrust Issues Relating to Physicians and Third-Party Payers (Report, July 10, 1991, GAO/HRD-91-120).

ADP Budget: Analysis of HCFA's Fiscal Year 1991 ADP Budget Request (Report, Sept. 28, 1990, GAO/IMTEC-90-67).

National Institutes of Health: Problems in Implementing Policy on Women in Study Populations (Testimony, July 24, 1990, GAO/T-HRD-90-50). Testimony on same topic (June 18, 1990, GAO/T-HRD-90-38).

Management of HHS: Using the Office of the Secretary to Enhance Departmental Effectiveness (Report, Feb. 9, 1990, GAO/HRD-90-54).

Persons with Disabilities: Reports on Costs of Accommodations (Report, Jan. 4, 1990, GAO/HRD-90-44BR).

Agent Orange Studies: Poor Contracting Practices at Centers for Disease Control Increased Costs (Report, Sept. 28, 1990. GAO/GGD-90-122BR).

Health Care: Information on Foreign Nurses Working in the United States Under Temporary Work Visas (Report, Nov. 21, 1989, GAO/HRD-90-10).

Information Technology: Health Care Financing Administration's Budget Process Needs Improvement (Report, Aug. 11, 1989, GAO/IMTEC-89-31).

Laboratory Accreditation: Requirements Vary Throughout the Federal Government (Report, Mar. 28, 1989, GAO/RCED-89-102).

ADP Modernization: Health Care Financing Administration's Software Redesign Contract (Report, Mar. 16, 1989, GAO/IMTEC-89-15).

Hospital Construction: Financial Information on HUD's Section 242 Hospital Mortgage Insurance Program (Report, Dec. 22, 1988, GAO/HRD-89-14).

Transition Series: Health and Human Services Issues (Report, Nov. 1988, GAO/OCG-89-10TR).

Cancer Treatment: National Cancer Institute's Role in Encouraging the Use of Breakthroughs (Report, Oct. 20, 1988, GAO/PEMD-89-4BR).

Financial Management: Continued Top Management Support Needed to Improve HHS' Accounting Systems (Report, Sept. 29, 1988, GAO/AFMD-88-37).

Inspectors General: Compliance With Professional Standards by the HHS Inspector General (Report, Sept. 29, 1988, GAO/AFMD-88-36).

Financial Management: Continued Top Management Support Needed to Improve HHS' Accounting Systems (Report, Sept. 29, 1988, GAO/AFMD-88-37).

Minority Representation: Efforts of the Alcohol, Drug Abuse, and Mental Health Administration (Report, May 13, 1988, GAO/HRD-88-49).

Debt Collection: More Aggressive Action Needed to Collect Debts Owed by Health Professionals (Report, Feb. 2, 1988, GAO/AFMD-88-23).

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